

# Addressing Challenging Behavior



Presentation—

by

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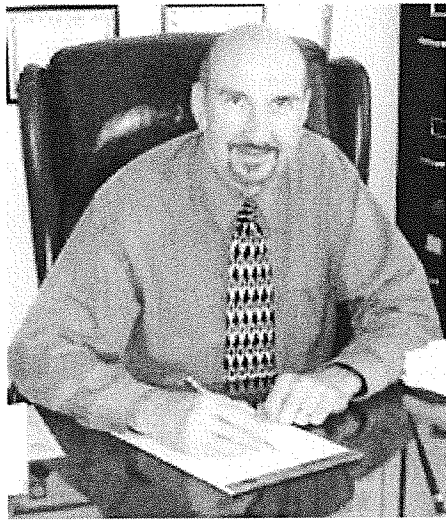


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## About the Presenter



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**Ervin R. Munro** has a Master's degree in School Psychology and a Bachelor's degree in Education from the University of Wisconsin-Whitewater. He has worked in the human services field for over 35 years as a licensed school psychologist, educator, Director of Social Services, operations manager, and case manager in a variety of settings.

Mr. Munro has worked with numerous populations including immigrants, elderly, persons with mental illnesses, homeless adults, homeless and runaway youth, substance users/abusers, and persons

affected by HIV/AIDS. In addition to serving as a school psychologist and educator, some of his accomplishments include Co-founder and Co-chair of the Case Management Task Force of Los Angeles County, as well as Co-founder of AIDS Project Los Angeles where he served as the first Acting Executive Director. Mr. Munro has worked as a private Consultant and Trainer for numerous social service agencies and has received several awards and commendations for his workshops.

His responsibilities with SRO Housing include overseeing and directing the daily operations and management of all supportive-housing programs, including case management for homeless and low-income individuals with specialty services for persons with disabilities, persons with HIV/AIDS, veterans, persons with mental illnesses, dual-diagnosed individuals, people in recovery, and the elderly. Other services include a socialization program, transportation services, money management program, food services (congregate meals and home-delivered meals), special events, and community activities.

Mr. Munro was the recipient of the National 2011 "Distinguished Alumni Award for Community/Regional Service" from the University of Wisconsin-Whitewater. He was a presenter at the 2013 Case Management Conference in Atlantic City, NJ and is a member of the Board of Directors for the National Association of Case Management.







## Is it a Behavior or a Label?

Please put a “B” or an “L” in front of each of the following words:

\_\_\_ depressed

\_\_\_ ridiculous

\_\_\_ mean

\_\_\_ laughing

\_\_\_ shouting

\_\_\_ arguing

\_\_\_ angry

\_\_\_ stealing

\_\_\_ smoking

\_\_\_ irritating

\_\_\_ slamming doors

\_\_\_ pounding fist on door

\_\_\_ disrespectful

\_\_\_ promiscuous

\_\_\_ argumentative

\_\_\_ lazy

\_\_\_ eating

\_\_\_ running

\_\_\_ disrobing

\_\_\_ spitting

\_\_\_ fighting

\_\_\_ drunk

\_\_\_ outrageous

\_\_\_ runs in and out

\_\_\_ disruptive

\_\_\_ crazy

\_\_\_ jerk

\_\_\_ talking loudly

\_\_\_ crying

\_\_\_ old

\_\_\_ obnoxious

\_\_\_ discourteous

\_\_\_ rude

\_\_\_ happy

\_\_\_ uncooperative

\_\_\_ sad

\_\_\_ washing hands

\_\_\_ filthy

\_\_\_ kicking

\_\_\_ liberal-minded



# What is Behavior?

In general, **behavior** is only two things. Either the person “said” something or “did” something. Most everything else that we use to describe behavior is really labeling behavior rather than identifying behavior. **Behavior** is observable and measurable.

**Labels** are the conclusions we draw from observing behavior, e.g. if I observe someone moving slowly, holding her head down, and talking slowly with slurred words, I may say, “She is depressed.” When in fact, she may be over-medicated, ill, tired, emotionally distraught, under the influence, etc. We don’t know what is causing her to behave in the manner she is, only that she is moving slowly, holding her head down, and talking slowly with slurred words.

Remember, a behavior is observable and measurable. If you can’t see it or hear it, it probably doesn’t exist. A label is a conclusion you have made about an observation. For example, if we say, the client fell down three times in a ten-minute period, that “behavior” is observable and measurable. However, if we say the person was “drunk”, that is not observable or measurable. Therefore, “drunk” is a label. From this description, we do not know what caused the person to fall down. S/he may or may not be drunk.

Sometimes, we also personalize and emotionalize behavior. For example, a client may walk down the hallway and spit on the floor. The Janitor just finished mopping the floor and becomes very angry, throws his mop on the floor, and starts yelling at the client, calling him a series of bad things.

The Janitor may have **personalized** the client’s behavior if he felt that the client did this “despicable” act just to spite him. It is as if the client woke up this morning and thought, “I’m going to go downstairs and spit on the floor in front of the Janitor just to make him angry today.” The Janitor acts as if this event occurred exclusively for him.

The fact that the Janitor also reacted angrily to the event means that he **emotionalized** the behavior/event. He chose the feelings he wanted in order to respond to the event. We are in charge of our own feelings. The Janitor could have selected other responses/feelings such as ignoring the behavior, reporting the behavior to the Case Manager, cleaning up the mess and moving on, reporting it to the Housing Manager, etc. However, he chose to react to the behavior and he chose negative feelings.

Behavior – anything that an organism does involving action and response to stimulation.

*Webster’s Ninth New Collegiate Dictionary*





# Examples of Acting-Out Behaviors

## Directed toward others:

- Shouting
- Verbal Abuse
- Slamming Doors
- Fighting
- Disrobing
- Smoking (Non-Compliant)
- Arguing
- Breaking Things
- Clutter
- Writing on Walls
- Defecating
- Suicide Threats
- Homicide Threats
- Promiscuity
- Setting Fires
- Stealing
- Not Paying Rent
- Sexual Harassment
- Refusing Meds
- Not Washing

## Directed toward self:

- Crying
- Using Drugs
- Self-Abuse
- Over-eating
- Under-eating
- Smoking
- Alcohol Abuse
- Talking to Self
- Self-mutilation
- Suicide Threats
- Promiscuity
- Refusing Meds
- Not Washing

When reporting behaviors, define them in **observable and measurable** terms, e.g. instead of saying, “He’s disruptive or obnoxious”, you might say “He yelled at the participants twice during our community meeting.” or “He started an argument three times this week with different clients.” Avoid using any labels such as he is “rude”. Ask yourself, “What did the person say or do that brought me to this conclusion?” That is the information you need to record.



# Manipulative Behaviors

## Definition:

1. Behaviors that result in a request that is inappropriate to the relationship.
2. Requests that continue despite attempts to say no or set limits.
3. Behaviors that hook:
  - a. Create enough discomfort in the receiver that the receiver will do anything to stop it.
  - b. Behaviors that flatter or feel good.
  - c. Behaviors that instill guilt. Feel-sorry-for-me behaviors.

## Why People Manipulate:

1. Learned behavior is repeated because it works.
2. Less threatening than a direct request or expressions of need.

## General Points:

1. Manipulative people are not bad people. Separating the behavior from the individual helps to understand the behavior without judging it.
2. Everyone exhibits manipulative behaviors at some point.
3. If behavior doesn't "hook" you, it ceases to manipulate.

# How To Handle Manipulative Behaviors

## Assess:

1. Are you being manipulated?
  - a. Is the behavior inappropriate to the relationship?
  - b. Does the behavior continue despite requests to stop?
2. How is the behavior affecting you? How does it make you feel?
  - a. Is your own discomfort (or comfort) interfering with your judgment?
3. Assess for:
  - a. Substance Abuse
  - b. Dementia/Psychiatric Disorder
  - c. Violent Behavior

## Set Limits:

1. Make an observation of the behavior; then confront the behavior directly, friendly and politely.
2. Explain the rules and/or options clearly.
3. Encourage the person to take responsibility for his/her actions.
4. Make clear the consequences if unacceptable behavior continues or if the person loses control.
5. Make it clear that the behavior, not the person or person's feelings, is unacceptable. You can validate the feelings or person without condoning the behavior.
6. Set limits that are fair and appropriate. Try not to fall into the role of a punitive or permissive figure.
7. Don't over-stimulate or further aggravate the person by:
  - a. Becoming very emotional yourself (anger, hostility, panic, condescension, defensiveness, etc.)
  - b. Touching or make threatening gestures.
  - c. Talking too much, too loud, or using words the person doesn't understand.



# Some Possible Causes of Difficult Behavior

There are many reasons why difficult behavior may occur in clients. Sometimes the behavior may be related to changes taking place in the brain. In other instances, there may be events or factors in the environment triggering the behavior. Some behavior is a learned response of how one gets their needs met. It can be helpful for Case Managers to try and understand why a client is behaving in a particular way. Determining the cause or behavior trigger may lead to possible solutions to the behavior or preventative techniques to keep the behavior from happen in the first place.

The following is a list of four categories of possible causes of difficult behaviors:

## Causes Related to the Person's Physical and Emotional Health

1. **Effects of medications.** Medication can cause confusion, sudden changes in a person's level of functioning, falling, drowsiness, a sudden increase in agitation, strange mouth or hand movements, sleepiness, depression, and many other side effects.
2. **Impaired vision or hearing.** Both problems can affect a person's ability to communicate and may lead to inadvertent non-compliance.
3. **Chronic and acute illness.** Some individuals may endure sudden and ongoing medical problems that can affect their overall mood and irritability.
4. **Dehydration.** Many clients do not get or retain enough fluid. Symptoms of dehydration may include dizziness, confusion, delusion, refusal to drink, skin that appears dry, flushing, fever, and rapid pulse.
5. **Depression.** Symptoms of depression include impaired concentration, memory loss, apathy, and sleep disturbances.
6. **Fatigue.** Disturbed sleep patterns can cause angry or agitated behavior.
7. **Physical Discomfort.** Pain, hunger, being too cold or too hot, or not having one's immediate needs met can increase difficult behavior.
8. **Dementia.** People with dementia suffer from a progressive brain damage that can affect their behavior.
9. **Mental Illness.** Learning the symptoms of a mental health diagnosis can aid the Case Manager in understanding why a client may act in a certain way. Some symptoms may be beyond the client's control.
10. **Substance Use.** Use and misuse of substance can alter a client's behavior and mood.



## Causes Related to the Environment

1. **Excessive stimulation.** Difficulties can occur when there is too much going on in the environment for the person to absorb. They may have reached a saturation point and may not be able to cope with the stress and respond with anger and frustration.
2. **Unstructured environment.** If clients are cognitively impaired, they may encounter more problems with negotiating the environment. When daily routines to access agency services continuously changes, individuals are more likely to become agitated or frustrated.
3. **Poor sensory environment.** Infections can impair an individual's ability to hear, see, feel, taste, and smell. These changes can interfere with clear communication, the client's ability for treatment plan adherence and behavior.
4. **Unfamiliar environment.** An environment that is new or unfamiliar is more likely to be confusing. As individuals attempt to negotiate the environment an encounter barriers, frustration and lack of follow-through often occur.

## Causes Related to the Task

1. **Task too complicated.** Sometimes we ask clients to do tasks that are too overwhelming and difficult for them, although they may seem simple to us. Breaking a task down into small, concrete steps can help a client complete the task successfully.
2. **Too many steps combined.** Make sure the client is doing one small step at a time. Breaking steps down into small steps but then lumping them all together can complicate the task. Each step needs to have a recognizable completion point before the person moves on to the next step.
3. **Task not modified for increasing impairments.** As a person's functioning declines, the Case Manager may have to involve others or do the first few steps to get the person started. Eventually the Case Manager or care takers may have to do most of the steps. However, it is important to try to keep the client involved in doing as many as the steps possible on his/her own.

## Cause Related to Communication

1. **No one is understood.** Communication between the Case Manager and the client is an extremely important and sometimes a difficult part of the helping process. Many times clients get angry or agitated because they do not understand what is expected of them. Or, they may be frustrated with their inability to be understood.





# What is a Relationship?

Relationships are established in a variety of ways, e.g. employer/employee, partners, husband/wife, boyfriend/girlfriend, roommates, client/case manager, physician/patient, friends, colleagues, etc. These “adult-to-adult” relationships are based on two primary elements: honesty and mutuality.

What do these two words mean in terms of a relationship? Let’s examine each and see how a violation of either element may seriously compromise the relationship.

**1. Mutuality** – means that **the relationship (adult-to-adult) between the two parties must be viewed as equal** as possible, i.e. neither party is considered to be inferior or superior to the other. Although we may be in different stations of life, each party strives to provide mutual regard and respect for the other. This is a very difficult process and often is violated through the use of words, condescending remarks, attitudes, behavior, body positions, and other methods. Let’s look at just a few examples that violate mutuality:

- a. Standing over another and talking down to him/her.
- b. Doing for others what they can do for themselves (especially without their permission), e.g. “Here, let me help you with that.” or “Here, let me do that for you.” Every time we do this, we relinquish the right of others to do for themselves—to make their own decisions. Further, we are teaching dependency and stifling self-reliance; assuming the other person is helpless; giving the message that we are better or can do better; assuming a role of control or superiority, etc. Help is NOT always helpful. Beware of the “helper” (controller, manipulator, etc.) who is always there to “take care of you”.
- c. Using words that the other person does not understand.
- d. Speaking to another in a condescending manner... “Well, I know how you are.”
- e. Making decisions on behalf of others.
- f. Making assumptions about another person.
- g. Using any kind of manipulative behaviors.

These are only a few examples of the violation of mutuality that we may exercise every day. Each time we do this, we compromise the integrity of the relationship. Often times the other person is not aware of any identifiable violation—they just know it doesn’t feel right. This frequently happens when control and superiority is disguised as “helping” the other person. “I’m doing this for your benefit.”—see what a nice person I am.

In addition to assuming an equal (adult-to-adult) relationship with the other person, mutuality means that there is a **free flow of information between the two parties involved**. If either party withholds information (or provides too much information), there is an imbalance in the



relationship and mutuality is violated. If, for example, I fail to give you pertinent information so that I may have better control of a situation, I have violated mutuality. If I ask you a lot of questions about yourself and fail to give you any information about myself, I have created an information imbalance. This creates discomfort and violates mutuality.

**2. Honesty** – means that the information shared between the two parties involved must be without distortion or deception.

### **Distortion**

If either party distorts the information for their own gain, they have violated mutuality. For example, I may want to befriend you. So I tell you some things about myself including a few “white” lies. Later, you ask me about a certain situation I had told you—one of my little white lies. Now I have two choices: either continue the lie and attempt to remember all of the details or tell the truth. If I continue the lie, not only do I have to live with my own dishonesty, sooner or later my details are not going to match up. If I tell the truth, I have seriously undermined your trust in me. Distortion of information is a very dangerous game in a relationship and should be avoided at all costs.

### **Deception**

Sometimes we might want to deceive the person we are establishing a relationship with. We might have a “hidden agenda” and therefore give out information, or take actions, with an “intent” that is different from what the other person understands. For example, you may want to have sex with someone; so you invite the person to go out with you to a dinner, a movie and/or some drinks. The hidden agenda is that afterwards, the person will feel obligated to go home with you.

Or perhaps, you want to give a false image of who you really are. Therefore, you may provide information in such a manner as to mislead the person. This too is deceptive and violates the element of honesty.

### **False relationships.**

A violation of either element (mutuality and honesty) will seriously compromise the integrity of a relationship. If a relationship is to continue in good-standing, it will always be necessary to go back and fix any violations. A relationship that continues in the presence of a violated element is not a positive, healthy relationship.

An unhealthy relationship may be the result of a forced necessity, a fear, an illusion, a false hope, or something else but it is not a positive, healthy relationship. Perhaps a person has a strong need for love and will suffer through emotional and/or physical abuse to be with another person; perhaps there is a need to have money available; perhaps there are children involved in the relationship; perhaps there is the fear of losing one’s job; perhaps a client is fearful they will lose their services; perhaps one person knows something that is detrimental to another and holds it over his/her head. The possibilities are unlimited. In any case, if you are in a false relationship, do whatever is necessary to remedy the situation as soon as possible.



# One-Way vs. Two-Way Communication

Communication is simply the exchange of information between individuals. It happens in many different ways from simple smiles, to gestures, body positions, words we say (or not say), touch, things we write, drawings, paintings, music, etc. In general, we do a fairly good job of effectively communicating with each other considering all of the possibilities there are for misinterpretation. However, for any of us who feel we have been misunderstood or just haven't been heard, we know how difficult communication can sometimes be. However, with a little practice, we can improve our communication skills. First, let's talk about two common methods of "verbal" communication—one-way and two-way communication.

## One-Way Communication

**Speaker -----(talks at)-----→ Listener**

One-way communication is when we talk "at" people. It is often used in casual, social conversation. This type of communication does not require the listener to necessarily respond to the speaker in any substantive manner. The listener may respond on an intermittent basis by simply smiling, nodding, giving short expressions (oh, huh, really, exactly, no kidding, etc.) and looking at the speaker. This method of listening is often referred to as "passive listening". For example, if we ask a person "What's happening?", they will often continue to talk "at" us as long as we give short, intermittent responses of some sort. One-way communication is an effective type of social conversation which allows the speaker to vent or share information. However, sometimes the person may want help addressing a particular concern or problem. When entering into the problem-solving/decision-making process, using two-way communication is usually a more effective method.

## Two-Way Communication

**Speaker <-----(talks with)-----→ Listener**

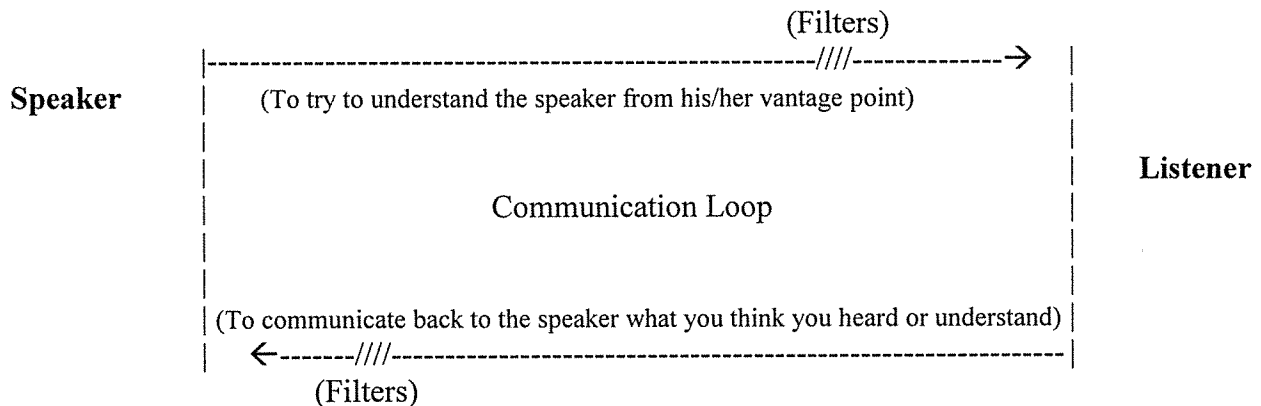
Two-way communication is a much more complex process and demands a great deal more from the listener. This method of communication is often referred to as "active listening" because it actively engages both the speaker and the listener. Two-way communication means we are talking "with" each other rather than "at" each other.



## Responsibilities of the Listener

There are two primary responsibilities of the listener during two-way communication:

1. To try to understand the speaker from his/her vantage point, and
2. To communicate back to the speaker what we think we heard or understand.



## Filters

Attempting to meet these two responsibilities is a very difficult process. Our knowledge and experiences are very different from that of the speaker. As the speaker talks to us, we attempt to relate to the person by comparing the information provided to our own knowledge and experiences. The speaker's words pass through our "filters" that represent our own knowledge and experiences. These filters are all of the things that make us up, i.e. our values, race, gender, age, belief systems, ethnicity, language, sexual orientation, geographic upbringing, political affiliations, religious/spiritual beliefs, education, and all our experiences—both good and bad. As a consequence, the information provided by the speaker becomes distorted as we attempt to relate our experiences to the words being said. These filters that are used during the communication process are often referred to as "interference factors". It is critical that the listener is aware of this interference and makes every attempt to hear what the speaker is saying, from his/her vantage point, and avoid converting the speaker's words into our own experience. This is a very difficult feat.

It is often times said that "no two people ever read the same book" or that "no two people ever watch the same movie". As we read a book, we relate to the written words using our own knowledge and experiences—our own personal references. Each person's response to the words will be different. Consequently, we are reading the book from a different vantage point than another person. In fact, we know as we grow and develop, that if we read the same book a few years later, it will be different. This is because our knowledge and experiences have changed over time and we now reference the words differently.





## Understanding the Other Person

Attempting **to understand another person from his/her vantage point** is an extremely difficult process and we could never reach a true understanding of the other person's situation. Even persons who have had "common experiences" have had very different experiences. It would be impossible for us to have had the same experience. Think about such things as going to a concert, experiencing an earthquake, driving a car for the first time, going to school, getting married, drinking with friends, the death of a parent, flying in an airplane, etc. None of these experiences could be the same for every person. Those who have had common experiences often make assumptions about the other person's experience. Making assumptions is a reckless approach to communication and it often leads us away from understanding the other person. Our attempt as a listener should be to try to get inside the person and see the world through his/her eyes—not ours. Most importantly, **"Do not make assumptions"** about the other person's experiences.

## Communicating our Understandings to a Person

If trying to understand isn't hard enough, after we've heard what the speaker told us, we now have **to communicate back to the person what we think we heard or understand**. We might say something to the effect, "So what you're telling me is that \_\_\_\_\_" or "Let me see if I understand what you are saying. You're telling me \_\_\_\_\_. Is that right?" Often times the speaker will respond, "No, no, no that's not what I'm saying. What I'm trying to say is \_\_\_\_\_". Consequently, we may have to keep repeating the information back and forth to each other until we come to a common agreement on what is being said. Repeating this information back to the speaker is critical to ensure we are on the same frequency. If we don't verify what the speaker is saying, or make assumptions, we may be completely off base and not know the difference. This is not helpful to the speaker, nor the listener, and it leads to much confusion. Not only do we have filters that interfere with the communication process, so does the speaker. This too has to be taken into consideration. It's amazing that we can communicate at all with so much interference going on and so many possibilities for misunderstanding. Some how we manage to bungle through the process—although not always very effectively.

## Notes:



## PROBLEM-SOLVING/DECISION-MAKING PROCESS

STAGE 1		STAGE 2		STAGE 3		STAGE 4		STAGE 5	
WHAT		HOW		WHAT		HOW		WHAT	
Define the situation.		Determine the emotional response to the situation.		List options/alternatives/possibilities/ideas to address situation.		Assess the response to each alternative/option/possibility.		Select the best alternative to address the situation.	
"What's happening?" "What's going on?" "What do you need?" "What's on your mind?" "What would you like to talk about?"		"How are you feeling?" How does that make you feel? How are you doing? "How did you deal with that?"		"What have you done about it already?" "What do you see as a possibility?" "If you could change anything what would you do?" "What do you think would work in this situation?"		"How do you feel about that idea?" "How does that possibility work for you?" "How does this option differ from that one?" "How do you think this alternative will work in your situation?"		"What would you like to do about it?" "What do you think is the best option for you?" "What alternative are you most comfortable with?" "What would you like to try in your situation?"	
Defining Situation		Exploring Options		Exploring Options		Exploring Options		Selecting Alternative	

The alternatives selected become the "goals" that the person chooses to take in order to resolve the situation.



# **Problem-Solving/Decision-Making (PSDM)**

by

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Often times friends, partners, family members, and others may be casually talking with you about various matters when all of a sudden they begin telling you about an undefined situation/problem. The person may begin by saying, “I have a really big problem and I know you can help me. You’re a smart, compassionate person and I know you can fix my problem.” You have no idea what the person is talking about.

Because of these kinds of scenarios, a structured problem-solving/decision-making (PSDM) process has been developed so that you can assist others to more easily define their situations and focus on solving the problem(s) at hand.

## **Stage 1**

When using the PSDM process, you begin by asking a “what” question. This question can be framed anyway that you feel comfortable, e.g. What’s happening? What problem? What’s going on?, etc. It doesn’t make any difference how you ask the question, as long as it begins with a “what.” This stage of the Problem-Solving/Decision-Making process, is referred to as the “head” stage (above-the-shoulders functioning). The person is asked to define the situation for you and this becomes the “issue” at hand.

## **Stage 2**

After the problem has been clearly defined, now assess how the person is doing relative to the situation. You might ask, How are you doing now? or How does that situation make you feel?, etc. Again, the question can be asked in many different ways as long as it begins with “how.” This stage is referred to as the “body” stage (below-the-shoulders functioning). This is the expression of how the person “feels” about the situation. It is the emotional response to the situation. The “how” stages always go backwards to the “what” stages, i.e. “what” is the situation and “how” defines the person’s feelings about the situation.

## **Stage 3**

Now that the problem or situation has been defined, as well as the feeling(s) about the situation, you once again ask a “what” question, e.g. What have you thought about in order to address this situation? What do you think you can do about the problem? What do you see as an answer to this situation? Again, it can be asked



many different ways as long as it begins with “what.” Now we are back into a “head” stage and the person, in conjunction with you, begins to brainstorm around how to resolve the problem. You are encouraged to write down as many options as possible.

It is critical during this stage (3) that you do NOT judge anything that the person proposes, no matter how absurd it may appear. The idea is to get the person to consider a wide range of possibilities in resolving his/her concern and taking ownership of the situation. If the person is judged, they will simply shut down and refuse to address the problem. This is called the “hump” stage. If you can get the person over the hump, it is downhill from there. People are often hesitant to answer the question, “What do you think you can do to address this situation?” If they answer the question, it infers that they will have to take responsibility for the situation. The person may have been hoping to just drop the problem on you and wait for your answer.

However, we never do for others what they can do for themselves. Every time we do for people what they can do for themselves, we disempower them. Our goal should always be to empower people, aiming toward self-sufficiency. Therefore, it is critical that we work with the person to brainstorm without any form of judgment. Just the process of selecting ideas, no matter how bonkers they are, is moving forward toward problem-solving. The goal is to keep a positive mindset going at all times.

#### **Stage 4**

Now that you, in conjunction with the person, have developed a long list of possibilities to address the person’s situation, proceed on to another “how” stage. Ask the person how s/he feels about each option and if s/he feels it will work in his/her situation. You might say, How do you feel about this possibility? How does this option feel in terms of addressing the situation? etc. It’s as if the person is trying on each option to see how comfortable it feels in terms of addressing his/her problem. It’s critical that ONLY the person with the concern/problem defines how s/he feels and not you as they are the only one who knows what’s comfortable for them. As the process goes along, the person will discard several of the options as not feeling comfortable. Through this process of elimination, the person will finally come down to one BEST option (with perhaps a few backup options).





## Stage 5

After the person has gone through the process of elimination, you might say, “So, we’ve discussed a lot of possibilities to address your situation. What do you think is the best thing for you to do right now?”

Now you are back to the “what” questions again. The person has to carefully think about the process s/he has just been through and what is the most practical and comfortable option to select. This becomes the plan for the person to solve his/her problem. Now, it’s simply a matter of the person implementing the plan.

A **Sample Dialogue** may go something like this.

You – “So what’s happening?” (Stage 1)

Friend – “*I lost my money and I can’t pay the rent.*”

You – “Wow... how are you doing right now?” (Stage 2)

Friend – “*Not very good... I’m really scared that if I don’t pay my rent on time, I’ll get an eviction notice.*”

You – “Have you thought about what you can do to get the rent money?” (Stage 3)

Friend – “*Not really... I need your help.*”

You – “Okay... what HAVE you thought about already and let’s see if we can come up with a list of some other possibilities as well.”

You and the other person develop a list of ideas to obtain money for rent.

Friend – “*I could probably call my mom. Maybe I could pawn something until my new check comes. Since it’s only \$250.00, perhaps I can pawn my TV. I could ask to borrow some money from friends.*” Others

You are free to throw in a few options during this process as well as long as it is two or more. You don’t want the person to think you are suggesting only one way to address the problem. They must take ownership for the selected idea.

You – “Wow... *it looks like we came up with a lot of possibilities.* How do you feel about calling your mom?”

Go through each alternative and ask the person to try them on. (Stage 4) Eliminate those that they feel may not work or they are uncomfortable with.

Ct. – “*I’m not too sure my sure my mom would give me \$250.00 again. I asked her once before.*”



You – *“Okay... how do you feel about taking something to the pawn shop?”*

Friend – *“I’m okay with that... I took my TV in there once before.”*

After completing this process, ask the person “what” alternative s/he wants to do.

You – *“Well it looks like we’ve explored a lot of options, what do you think you want to do right now?”* (Stage 5)

Friend – *“I’m going to take my TV to the pawn shop.”*

You – *“Okay... great. Let me know how this all works out for you.”*

### **General Information:**

The PSDM process takes persons from where they’re at and respects the Right to Self-Determination. It is critical that you not impose your values and/or belief systems onto the other person when doing the PSDM process. It is your responsibility only to provide information, education, and support as you facilitate this process. All decisions are to be made exclusively by the other person.

Occasionally, a person may begin in another stage rather than at the beginning of this process. For example, they may begin by expressing how they feel (Stage 2), i.e. “I’m really angry today... I feel like just punching somebody.” In those cases, simply acknowledge what the person said (or did) and then go back to Stage 1. The dialogue may go something to this effect... “Wow... I’ve never seen you so upset as you’re telling me right now. What’s going on?” Or the person may say, “I’m going to kill myself.” (Stage 5) Simply acknowledge what the person said and go back to stage one, e.g. “Whoa... what are you talking about... killing yourself? What’s happening?” (Stage 1) Avoid reacting to the statements or making any judgments about the statements. They simply are what they are and should be acknowledged as such.

When facilitating the PSDM process, it is critical that you avoid using a whole set of words that may upset the person, inflame situations, are negative, appear judgmental, appear as if the you imposing your ideas or feelings onto the person, etc.



## Words to Avoid When Problem-Solving

Often times in a casual, social conversation, we use words without much thought to their consequences. However, when talking with persons who are attempting to solve problems, the use of certain words becomes more critical. Throughout the problem-solving/decision-making process, it is important that we not inhibit the process by using language that may appear to be judgmental or lead the person to believe that we are imposing our ideas or solutions on them. Therefore, we can enhance the communication process by removing some of our favorite words and phrases. Here are some of the most common:

1. **Why?** - The reason why we don't ask "Why" is because it:

*Infers Judgment*, e.g. "Why did you do that? Why did you get into that situation? Why would you want to do that?" Because a trusting relationship is based on honesty and mutuality, it is important that we avoid putting ourselves in a role of superiority by asking judgmental questions. Questions of this nature, often violate mutuality and puts the person on the defensive.

*Demands an Explanation*. Even if the person could explain his or her current situation, nothing would have changed about the situation after the explanation. It would still be the same situation several hours later. Avoid your temptation to be voyeuristic and want to know all of the gory details of someone's past. Focus on the present and "define the situation". Although some background history may be necessary to understand a situation, it is not necessary to retrace the entire life history of each and every person in the scenario. This is just plain nosiness. Explanations are not resolutions. Resolutions demand that we process through a problem—not just talk "about" the problem.

A good substitute for "why" is "for what reason". Although it asks the same question, it doesn't appear as demanding and judgmental, e.g. "For what reason would you choose this possibility as opposed to that one?" Remember to flatten your intonation when asking the question.

2. **...but...** - Using the word "but" to continue the conversation with a person tends to discount what the person has just said, e.g. "Well I hear what you are saying but I think you should...". An alternative is to substitute the word "but" with the word "and", e.g. "I hear what you are saying and I've thought of some other ideas we might consider." or you may simply start another sentence and omit the word "but", e.g. "There may be some other alternatives we can look at also. Let's see if we can talk about this further and add to the list." Whatever you do, try to keep your "but" out of the other person's situation.
3. **I think...** - This expression immediately suggests that you are going to impose your agenda on the speaker. "I think" is often followed by what the person should do. Whose "should" is this? It's yours. By saying "I think", we immediately place ourselves in a superior position—which is a violation of mutuality in the relationship. Avoid providing "I think" responses unless they are specifically solicited. Even then, we need to present our responses with great caution.
4. **You should...** - What does this expression tell you? That's right! It dictates to the speaker what s/he "should do" based on what works for you and your particular values and beliefs. It doesn't, in any way, guarantee that the suggested solution will work for the other person. Yes, and once again, it puts you in the position of knowing everything. What happened to mutuality and processing? Avoid "you should" statements whenever possible.



Every time we give our solutions to others we deny them the right to find their own. **Do not do for others what they can do for themselves.** This takes power away from others and it assumes that they are unable to do for themselves. Be careful not to relinquish the other person's right to choose—keep your quick fixes to yourself and afford the person an opportunity to find his/her own solution. Avoid teaching dependency—rather provide opportunities to empower the person by allowing them to make their own decisions leading toward great self-sufficiency.

5. **I understand** - First of all, we could never fully understand another person's situation. We're not in it. Secondly, it tends to trivialize what the speaker is telling us as if to say, "Yeah, yeah, I know all about that—don't bother me with the details." Also, "I understand" often times means in social conversation to "shut up". Haven't you heard people say, "Yeah, yeah, I understand (person puts his/her hand up in a stop position) but what I think you should do is ...". To avoid giving the person the perception that you are telling him or her to shut up or are not interested in what they are saying, avoid using "I understand". You might say, "Let me see if I'm understanding what you are saying (state your understanding); or, "Help me understand that... can you tell me more about that?" "I think I'm understanding... are you saying such and such?"
6. **That's right or that's wrong...** - Once again it puts us in position of judgment; a position of superiority. We want to avoid judging what the speaker is saying and try to understand what s/he is saying from his/her particular vantage point. Judgment only impedes the communication process. It puts the speaker on the defensive and soon s/he will censor the conversation to those things s/he thinks the listener wants to hear. Again, in social situations, we often judge what the person is saying by grunts, verbalizations, facial expressions, body language, etc., e.g. "Really?, I can't believe it!, That's terrible!, That's great!, You're kidding!, How could that have happen!?" We might use looks of surprise, frown, throw up our hands, etc. all suggesting we are judging what the person is saying.

Try to view the person's situation as simply different from yours rather than right or wrong. It is not our responsibility to change the person to be the same as us; nor to believe that our ideas are the only ones that are true and correct. **It is what it is and it will be what it will be.**

7. **Avoid a "preface" or "explanation" to a statement**, e.g. "I'm not a bigot but...; It isn't that I don't mind working with women but..."; or after you've already stuck your foot in your mouth, you state,... "Well, what I was really trying to say was..." These tags on a statement often times indicate that what follows or preceded the tag was not true. Just make the statement without any tags before or after it. If you need to qualify or explain the statement, perhaps it would have been better unsaid.
8. **Avoid using clichés and figurative language** - Very often clichés trivialize what is being said and contribute little to the conversation, e.g. simply say, "yes" instead of repeating words like "yeah, right on, you got it, I hear ya, really, positively, totally, excellent, definitely, affirmative, exactly," etc.

Some other vogue phrases that take the place of conversation include whatever, like, you know, you know what I mean, to tell the truth, actually, cutting edge, not to worry, no brainer, go for it, fast-track, on the same page, bottom line, drill down, hands-on, on a roll, power-anything, read my lips, world class, no problem (which usually is, thus raising false hope), etc., etc. These phrases are vague and ambiguous, say less annoying, and leave matters to personal interpretation.





9. **Avoid making comments that raise false hopes or give false encouragement.** This is especially true when talking with a person who has a serious illness, has experienced a major trauma, or may have a potentially terminal illness. We would want to avoid statements like “buck up, cheer up, don’t worry it will all work out, everything will be better soon ... don’t make such a big deal about it”. We cannot guarantee the outcome of another person’s situation nor do we want to trivialize it by making a mundane “hope” statement.

The listener’s ability to convey the fact that s/he is interested in the person speaking, as well as the problem and its solution, often is proof enough that things may get better just knowing there is support and an empathetic ear.

10. **Avoid labels and group-specific language** – Labels are often used to hurt, judge or distance ourselves from others. Labels don’t provide useful information to the other person and it sets up a situation of speculation—often in the negative. What do we mean when we say he’s conservative, he’s a drug addict, AIDS victim, she’s in denial, she’s Black, they’re Catholics, he’s Latino, they’re all Jews, homosexuals, he’s depressed, nerd, crack head, queer, etc. These “buzzwords” are often times used in an offensive manner and may cause a negative emotional reaction.

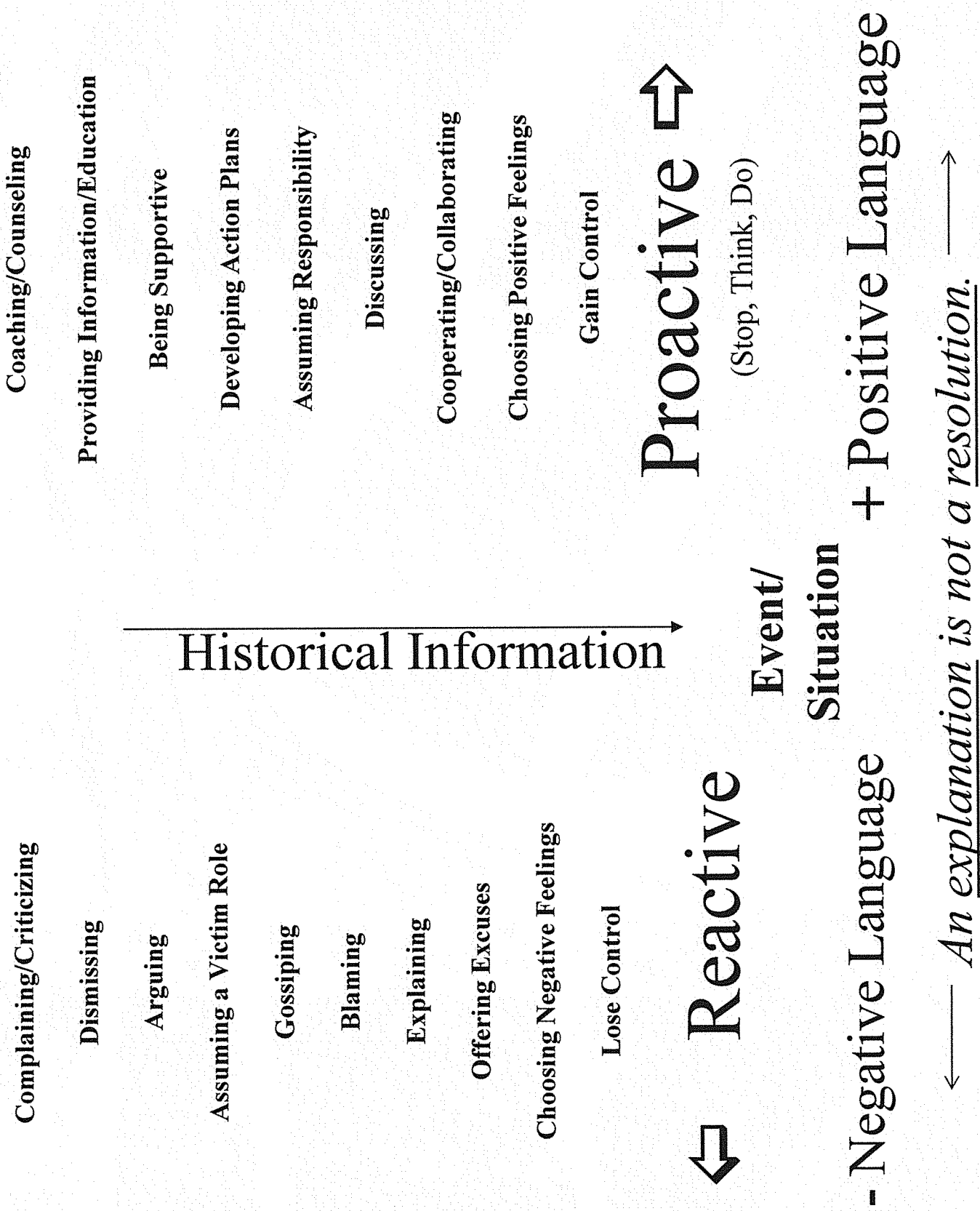
We all belong to different groups, professions, organizations, etc. As a consequence, we often learn a language that is specific to our particular group. However, when we talk with others, they don’t necessarily know what we mean by certain words, acronyms, in-house jokes, etc. Attempt to be inclusive in the conversation rather than using language that alienates people.

11. **Avoid starting a sentence with the word “no” or using negatives** – Try to reword your statement to begin with a positive, i.e. tell the person what you CAN do as opposed to what you CAN’T do. Example: “No, we don’t do that here. No, I can’t help you with that.” Instead, the conversation may go something like this, “Oh okay, I hear what you need. (Repeat the need). Let me give you a number where you can talk to someone about that.” It’s unnecessary to explain what you can’t do. It only frustrates the person further and may escalate a situation. Also, avoid saying the usual negative cliché statements, e.g. “No problem; Don’t forget...; No, I agree; No, that’s a great idea; etc.” Substitute with, “I’ll take care of it; Please remember; Yes, I agree; Yes, that’s a great idea.”

12. **Avoid interpreting the conversation** – “Oh yeah, I’ve heard about that before. I think it’s probably because of such and such.” People usually want only to share their story with you and they are not necessarily asking that you interrupt every few sentences to offer an explanation to what they are saying. Ask yourself, “For what reason am I doing this?” “What is the purpose of my interpretation/speculation?”

13. **Avoid sharing your own personal stories.** Your responsibility as a listener is to try to understand what the person is telling you from his/her vantage point—not to impose your own personal stories on them. Your stories may confuse the other person and/or complicate the situation even further. Again, ask yourself for what reason are you telling the person this information.







# Some Possible Remedies to Address Difficult Behaviors

## The Importance of Good Communication Skills

Communication is the key to providing quality case management services. Understanding and being understood can help reduce difficult behaviors. The following describe some of the causes of poor communication and some suggestions for better communication.

## Your Approach – You Set the Tone

- ❖ **Think about how you are presenting yourself.** Are you tense? Frowning? Are you being bossy or controlling? People are extremely aware of non-verbal signals such as facial expression, body tension, and mood. If you are angry, tense, or stressed out, your client is likely to become angry, anxious or annoyed.
- ❖ **Try a calm, gentle, matter-of-fact approach.** You set the mood for the interaction. Your relaxed manner may be contagious.
- ❖ **Try using touch to help convey your message.** Sometimes touch can show that you care, even when your words don't, or when they are not understood. Some people shy away from being touched. However, most find gentle touching reassuring.
- ❖ **Begin your conversation socially.** Gaining the person's trust can often make a task much simpler. One way of doing this is to spend time chatting before approaching the task at hand. For example, you might spend ten minutes talking about weather, family members, or some reassuring topic, to help the person develop a relaxed frame of mind. Again, you are creating a pleasant mood.

## Things to Think about When You Speak

- ❖ **Talk to the person in a place that is free from distractions.** Such as equipment noise, television, or other conversations.
- ❖ **Begin conversations with orienting information.** Identify yourself if necessary, and call the person by name. After creating a relaxed atmosphere, explain what your role is and how you will be working with the person.
- ❖ **Look directly at the person and make sure you have his/her attention** before you begin to speak. If you cannot get the person's attention, wait a few minutes and try again. Move slowly. If a person is despondent, try a gentle touch on the arm or hand. If a person is agitated, keep your distance, stay calm, and speak firmly in short, simple, directive sentences.
- ❖ **It is important to be at eye level with the person,** especially when talking to people with a hearing or cognitive impairment.
- ❖ **Speak slowly and say individual words clearly.** This is particularly important for people with hearing problems or those who are in the later stages of dementia.
- ❖ **Use very concrete terms and familiar words.** Individuals may not be able to understand abstract concepts or case management language.



- ❖ **Talk in a warm, easy-going, pleasant manner.** Try to use a tone of voice that you would like people to use with you.
- ❖ **Keep the pitch of your voice low.** Sometimes when people don't immediately understand, we have the tendency to shout. This may upset the person and make communication more difficult.

## **Task Development**

- ❖ **Give choices whenever possible.** Giving choices increases the interaction between you and the client and may help the client feel a sense of control over his/her life.
- ❖ **Allow plenty of time for the information to be absorbed.** Give a period of silence after giving a task instruction. Let the client read the task steps you have written in the individual action plan. Allow for questions and restate the task to be completed before the client leaves the office.
- ❖ **Repeat instructions exactly the same way.** When a client indicates that s/he does not understand the instruction, do not change how you describe the instructions. This may confuse the client. If the client still does not understand the instruction, you may want to try using different key words, demonstrate, or role-play what you want the person to do.
- ❖ **Break the task down into simple steps.** Telling a client that they need to go to the Department of Public Social Services to get General Relief may be very overwhelming. Depending on the client's level of functioning, you may need to start by instructing the client on how s/he will get to the DPSS office. In addition, role-playing, such as asking who they need to talk to once they have made it to the DPSS office, may be helpful. You might want to use a simple map.
- ❖ **Modify the steps, as a person becomes more impaired.** You may need to break steps into smaller parts or may need to assign or do more of the steps yourself.
- ❖ **Praise sincerely for success.** We all need to hear that we are doing a good job. Praise doesn't need to be long or "gushy" but a simple thank-you or "You handled that very well!" Try catching your client doing something good and acknowledging it.

## **When You Are Having Trouble Being Understood**

- ❖ **Be sure you are allowing enough time.** It may seem to you that you have waited a long time for a person to respond. However, persons with impairments often need a great deal of time to process information.
- ❖ **Try demonstrating visually what you are saying.** Though not always possible, this technique of doing and saying at the same time is often a very effective way of communication.
- ❖ **Think about the complexity of what you are saying.** Can you say it more simply? Is it too many words or too abstract for the person to understand? Can you be more concrete?
- ❖ **Change the subject.** If you are both getting frustrated, it may be a good idea to drop it for the moment and try later.





## When You Are Having Trouble Understanding

- ❖ **Listen actively and carefully to what the person is trying to say.** If you do not understand, apologize and ask the person to repeat it. Let him/her know when you don't understand by repeating or rephrasing it.
- ❖ **Try to focus on a word or phrase that makes sense.** Repeat it back to the person and try to help him/her clarify what is being said.
- ❖ **Respond to the emotional tone of the statements.** You may not understand what is being said, but you may recognize that it's being said angrily or sadly. Saying "You sound very angry." at least acknowledges the feelings, even if you cannot decipher the words.
- ❖ **Try to stay calm and be patient.** Remember the person is not always exhibiting difficult behavior on purpose. Your calmness and patience will help create a caring atmosphere that may calm the situation.

## Things Not To Do

- ❖ **Do not argue with the person.** This always makes the situation worse. Furthermore, the person you are arguing with may no longer have ability to be rational or logical to the extent you do,
- ❖ **Do not be condescending.** It is hard not to use a condescending tone of voice when you are speaking slowly and in short sentences. However, a condescending tone is likely to provoke anger, even if the words are not understood.
- ❖ **Do not put other people in danger.** If a client is acting in a threatening manner, get others out of the area to a safe place.
- ❖ **Do not talk about people in front of them.** It is easy to fall into the habit of talking about people in front of them when they can no longer communicate well. It is impossible to know how much someone understands, even if they do not speak your language.

## When Verbal Communication Fails

- ❖ **Try distracting the person.** Sometimes simply diverting the person's attention to other activities such as going for a walk, changing the subject, or offering a snack may be enough to diffuse an angry or anxious mood.
- ❖ **Ignore verbal outbursts** if you cannot think of any positive response. It is much better to ignore angry or agitated statements than to become angry yourself. You might want to try to apologize, let the subject drop, or change the emotional tone of the conversation.
- ❖ **Try other forms of communicating.** There are lots of ways of communicating that don't involve words. A gentle touch, providing food or water, or taking a walk can often demonstrate concern more effectively than words. These modes of communication can also help soothe a troubled person and take the edge off difficult moments.



## Problem-Solving

When you are faced with difficult behavior or situations, try to understand why this behavior is occurring. What are some of the factors that may be triggering the behavior that you can change? It is important to recognize elements in the environment, the mental or medical situation, or problems of communication that may be contributing to the problem.

1. **When does this problem occur?** It may be helpful to keep a log describing the problem or situation. Jot down the time and what happened. Think about what was going on right before the behavior occurred: Who was involved, who was affected by the behavior, what emotions were being expressed, and how did others respond?
2. **Carefully review the four categories** previously described and try and pinpoint specific cause. Is the problem related to the person's health, the environment, the task or communication?
3. **Develop a list of alternative strategies** for responding to the behavior or situation. Be creative, seek supervision and set limits.
4. **Think about the strategies you have identified.** Decide on the one that you are going to try first. Don't worry if it fails. You are gaining new information about the situation even if your approach does not work.
5. **Problem-solving is a process of trial and error.** There are no simple solutions. You may no sooner solve one problem than another problem develops. You may find that your solutions work sometimes but not at other times. Be flexible!
6. **Reassure the person** after an upsetting situation to let him/her know that you want to understand and care.
7. Remember if the behavior is caused by **organic conditions**, the person is not deliberately trying to be nasty, stubborn or annoying.
8. **Don't try to handle difficult situations alone.** It is okay to ask for help and seek clinical supervision.

### Additional strategies for addressing problem behaviors, when the person:

#### Demonstrates Hostility/Sarcasm

- ❖ Keep the interview as friendly as possible.
- ❖ Sell the client on telling the truth.
- ❖ Set limits that are fair and appropriate, stay focused on the goals.
- ❖ Confront the behavior directly, friendly, and politely.
- ❖ Explain the rules and/or options clearly.
- ❖ Encourage the person to take responsibility for his/her actions.
- ❖ Make clear the consequences if unacceptable behavior continues or if the person loses control.
- ❖ Make it clear that the behavior, not the person or person's feelings, is unacceptable. You can validate the feelings or person without condoning the behavior.
- ❖ Model appropriate behaviors such as respect, good listening, remaining calm.
- ❖ Do not over-stimulate or further aggravate the person by:
  - a. Becoming very emotional (anger, hostility, panic, condescension, defensiveness, etc.).
  - b. Touching or making threatening gestures.



- c. Talking to much, too loud, or using words the person does not understand.
- ❖ Develop a behavioral or service agreement with the person.

#### **Talks too much**

- ❖ Ask specific questions rather than vague questions.
- ❖ Re-focus the client often.
- ❖ Model appropriate behavior.
- ❖ Set limits and time frames and stick to them.
- ❖ Develop a behavioral or service agreement with the person.

#### **Becomes Restless/Nervous**

- ❖ Keep the interview friendly.
- ❖ Acknowledge non-verbal behavior.
- ❖ Give the client space and time to calm down.
- ❖ Offer something to drink.
- ❖ Reassure confidentiality.
- ❖ Explain the process of what you want to accomplish with the client and provide an approximate time frame of completion.

#### **Is in Crisis**

- ❖ Remain as calm as possible.
- ❖ Explore the situation.
- ❖ Acknowledge the client's feelings.
- ❖ Use calming phrases.
- ❖ Explore alternatives.
- ❖ Reaffirm that the client is safe with you.
- ❖ Protect and assure the safety of the client and other individuals including yourself.
- ❖ Call for back-up if necessary (have a plan).

#### **Uses Manipulative Behavior**

- ❖ Ask highly specific questions.
- ❖ Be persistent in a low-key, non-demanding manner.
- ❖ Avoid questions that allow for rationalizing.
- ❖ Set limits that are fair and appropriate, stay focused on the goals.
- ❖ Confront the behavior directly, friendly, and politely.
- ❖ Explain the rules and/or options clearly.
- ❖ Make clear the consequences if unacceptable behavior continues or if the person loses control.
- ❖ Make it clear that the behavior, not the person or person's feelings, is unacceptable. You can validate the feelings or persons without condoning the behavior.
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  - a. Becoming very emotional (anger, hostility, panic, condescension, defensiveness, etc.).
  - b. Touching or making threatening gestures.
  - c. Talking too much, too loud, or using words the person does not understand.
- ❖ Develop a behavioral or service agreement with the person.



- ❖ Remember the underlying motivation of manipulation is survival not defiance.

### **Non-adherence to Case Management Services**

This is a severe impediment to managing client care. The Case Manager can positively affect client participation by providing consistent and regular support and monitoring of the client's progress in achieving the goals of the Individual Action Plan. While the frequency of follow-up contacts should be agreed upon between the client and the Case Manager, it is incumbent on the Case Manager to be consistent and predictable in performing his/her follow-up activities.

Case Managers need to determine on a case-by-case basis whether more frequent contact with a particular client is needed in order to avoid potential dropouts. If after a reasonable effort, the Case Manager has not been able to contact the clients for three months or more, the client's case can be closed and another client can be added to the Case Manager's caseload.

### **Behavioral/Service Agreement Contracts**

Clients exhibit behavioral problems that interfere with case management participation for many reasons. Prevention is always the first method that should be utilized for reducing behavioral problems and are done so by establishing clear boundaries, rules and responsibilities. For those clients who still exhibit behavioral problems, behavioral contracts may be necessary in order to define what behavior needs to change. Continuous behavioral problems including intoxication, threats, harassment, and physical or verbal abuse do not need to be tolerated by case management agencies or staff. If a client is unable to follow the behavioral contract, they should be discharged from case management services.





On September 23, 2007, Casey Client, Case Number 07-145, came in without an appointment to see Case Manager, Sue Langer. Client became verbally abusive with Front Desk staff when he was informed that there would be about a two-hour wait to see his Case Manager. Client was informed that he could schedule an appointment to avoid a long wait in the future. Client proceeded to throw agency brochures all over the waiting area and left the building when Front Desk staff informed him they would call Security if he did not leave.

## Sample Case Management Services Agreement Contract

### Service Agreement

I, Casey Client, must observe the following guidelines in order to continue to receive case management services at ABC Agency.

1. While at the agency, I will behave in a respectful manner with staff and other clients. Any verbal abuse or aggressive behavior will not be tolerated and I will be asked to leave.
2. In order to see my Case Manager in a timely manner, I must make an appointment. If I am unable to make an appointment by phone, I can come into the agency to do so. If I come in without an appointment, I may have to wait to be seen or may not be able to be seen by my Case Manager that day. If I decide to wait or make an appointment at the agency, I must do so without disturbance.
3. I understand that if I break any part of this Agreement, I will no longer be allowed to return to the agency for case management services. I will be given referrals to meet psychosocial needs, as they are available.
4. If I have any concerns or questions regarding this Agreement, I can discuss it with my Case Manager and the case management supervisor. I have been made aware of and received a copy of the case management services Grievance Procedures.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date



# Methods to De-escalate Volatile Situations

- Avoid reacting to the person
- Listen to the person
- Stay calm
- Speak with a soft, low voice (least audible tone)
- Avoid arguing with the person
- Change the subject
- Avoid disagreeing
- Use non-threatening body language
- Allow time for venting
- Ignore the behavior
- Walk away from the situation
- Attempt to find common ground
- Separate persons
- Avoid extraneous stimulation
- Identify yourself
- Use person's name
- Avoid carrying any objects
- Stay at eye level
- Avoid abstract language or expressions
- Define expectations
- Remain non-judgmental
- Avoid touching person
- Acknowledge the feelings that are being heard or observed
- Define the behavior; avoid labeling the person
- Don't overload – too many words, too fast
- Be assertive, clear, and direct
- Provide a safe place to talk
- Explore options/alternatives with the person
- Keep hands visible
- Avoid an aggressive stance (feet apart, arms crossed)
- Allow person to make own decisions
- Use least amount of words possible
- Be supportive and caring
- Make eye contact



# Ten Critical De-Escalation Skills

By Kimberly Olver

Being able to de-escalate one's own and the anger of others is an important skill to have in business. Hopefully, this is not something the reader deals with on a regular basis but unfortunately most people in business encounter either their own anger or the anger of others more frequently than they would like.

In order to be successful at de-escalating anger, a person must understand and become skillful in the following areas.

## Prevention Steps:

1. Recognize that anger is a choice of a wide range of behaviors that could be used to get what one needs in a situation. It is a behavior that has benefit for its user, for example anger
  - a. Can get people the attention they need
  - b. Help them escape things they don't want to do
  - c. Help them gain control over another person or situation, or
  - d. Pump them up when they are feeling small and insignificant.
2. The person interacting with the angry person must identify his/her own emotions at any given point in time. If the helping person is also experiencing anger, then that person will not be very effective assisting others to manage theirs.
3. When potential interventionists are experiencing anger, they must be able to change what they are doing or thinking to get their emotions under control or seek the assistance they will need to manage the situation.
4. Perform a quick self-assessment. A potential helper must ask the following questions:
  - a. Can I avoid criticizing and finding fault with the angry person?
  - b. Can I avoid being judgmental?
  - c. Can I keep from trying to control the other person into doing something s/he doesn't want to do?
  - d. Can I keep myself removed from the conflict?
  - e. Can I believe that the people using anger have the right to make decisions and choices about how they meet their needs and that they have within them the ability to make those decisions?
  - f. Can I try to see the situation from the angry person's point of view and understand what need or needs he or she is trying to satisfy? And finally,
  - g. Can I remember that my job is to place the healing of relationships as my primary concern?

If the listener can't answer these questions in the affirmative, then s/he will need assistance in managing the person who is expressing anger.

5. Recognize early warning signs. Many incidents of anger could be prevented if those who are around a person about to become angry notice the subtle change in the person's behavior.



Quiet people may become agitated; while louder, more outgoing people generally become quiet and introspective. Paying attention to these subtle changes and simply commenting on the change could help the individual talk about things so he or she wouldn't have to become angry.

Prevention goes a long way. However, there still will be times when you don't notice the early warning signs or when your first encounter with the person occurs when they are already in an angry state. Also, it's possible that you will do everything right in this prevention phase and angry people will still choose anger as their best chance for getting what they want. When any of these situations occur, the listener will need to employ one or all of the five de-escalation skills.

### **Intervention Steps:**

1. Active listening is the process of really attempting to hear, acknowledge and understand what a person is saying. It is a genuine attempt to put oneself in the other person's situation. More than anything, this involves LISTENING! Listening means attending not only to the words the other person is saying but also the underlying emotion, as well as, the accompanying body language. By simply providing a sounding board and a willing ear, a person's anger can be dissipated.
2. Acknowledgement occurs when the listener is attempting to sense the emotion underlying the words a person is using and then comments on that emotion. The person may say something like, "You sound really angry right now!" By acknowledging and really trying to understand what the angry person is feeling, that person becomes able to release a lot of the aggression.
3. Agreeing—often when people are angry about something, there is at least 2 % truth in what they are saying. When attempting to diffuse someone's anger, it is important to find that 2 % of truth and agree with it. When someone is angry and the listener attempts to reason with the person, his or her efforts will be largely ineffective. When the listener agrees with the 2% of truth in the angry person's tirade, he or she takes away the resistance and consequently eliminates the fuel for the fire.
4. Apologizing is a good de-escalation skill. I'm not talking about apologizing for an imaginary wrong. I am talking about sincerely apologizing for anything in the situation that was unjust. It's simply a statement acknowledging that something occurred that wasn't right or fair. This can have the effect of letting angry people know that the listener is sincerely sorry for what they are going through and they may cease to direct their anger at the person attempting to help.
5. Inviting criticism is the final of the de-escalation skills. In this instance the listener would simply ask the angry person to voice his or her criticism of the listener or the situation. The person intervening might say something like, "Go ahead. Tell me everything that has you upset. Don't hold anything back. I want to hear everything you are angry about." This invitation will sometimes temporarily intensify the angry emotion but if the listener continues to encourage the person to vent his or her anger and





frustration, eventually, the angry person runs out of complaints. Just let the angry person vent until the anger is spent.

Even when using the above ten skills, there may be a rare occasion when the listener is unsuccessful in the attempts to decrease the other person's anger. The listener's safety should be the primary concern. The listener should not get between the angry person and his or her only means of escape and shouldn't allow the angry person to block the listener's only means of escape.

Anyone intervening in an emotionally charged situation should always have a plan or an established way to get help if needed and remember to always stay calm. An angry person is generally someone capable of getting out of control. When out of control people sense they are intimidating and scaring others, it can increase their sense of power and control, resulting in an escalation of the situation. The helpers must stay calm and act as if they are in control of themselves and the situation.

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Should you want Coaching for Excellence to provide staff development for your employees in de-escalation skills, simply contact Kim at 708-957-6047, e-mail her at Kim@CoachingforExcellence.biz or log on to the website at <http://www.coachingforexcellence.biz>.

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## **Dealing with Anger – Tips on How to Cope**

How many times have you had someone walk into your office red-faced with steam coming out of both ears looking for answers or action on a particular issue? Your initial reaction may be to hide under your desk or lock yourself in the closet, but you'll have to come out for air sometime and that person will still be there. Instead of running for cover, consider these tips to help diffuse anger in others and better manage a difficult situation.

### **Ways to Diffuse Anger in Others**

- Acknowledge that their issue is important to them.
- Treat the person with respect.
- Use reflective listening, paraphrasing their concerns so they know that you're listening.
- Take notes.
- Use humor, if appropriate.
- Don't patronize by using professional jargon.
- Tell them exactly what you are going to do about the problem and follow through. Don't promise more than you can deliver.
- Model the behavior and attitude you want them to exhibit.
- Sit down, lean forward, and maintain an open stance to indicate interest.
- Speak softly and slowly.
- Never raise your voice.
- Make eye contact, but don't stare. Staring can be perceived as aggressive.

### **Reflective Listening Techniques**

- Totally focus on what the person is saying.
- Paraphrase in your own words to check for accuracy.
- Don't think about your own response while the other person is talking.
- Make eye contact.
- Use body language that projects acceptance.
- Use a calm tone of voice and speak slowly.
- Avoid being defensive by explaining your position.
- Don't interrupt.



## Some Steps to Follow when Feeling Attacked

- Take time to breathe deeply and to feel yourself relax.
- If the other person generates feelings of fear or anger in you, recognize and accept these feelings.
- Continue to breathe deeply as you continue to relax. This will help buy time, increasing your chances of responding in a calm rather than aggressive way.
- Take time before verbalizing your response. This helps you maintain control of yourself and the situation. (Proactive vs. reactive)
- Affirm your belief in yourself. Accept the fact that there may be some truth in what the other person says. Remember, you don't have to be perfect, be right all the time, or have all the answers.
- See the situation as an opportunity to learn and grow rather than getting defensive. If you allow it, your critic will provide you with more information about yourself and about him or herself.
- Try to put yourself in the other person's position.
- Stay focused on a common solution that benefits you and the other person. Time and energy are wasted proving someone is right or wrong. Keep refocusing this concept during the entire process. This helps diffuse feelings of fear and anger and keeps you focused on problem-solving and often develops mutual trust.



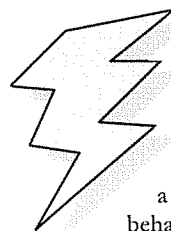
# 10 Things You Can Do to Support A Person With Difficult Behaviors

David Pitonyak

Supporting a person with difficult behaviors begins when we make a commitment to *know* the person. Sadly, it is often the case that the people who develop an intervention to stop someone from engaging in difficult behaviors do not know the individual in any meaningful sense. Instead, they see the person as a someone (or *something*) that needs to be fixed, or modified. But attacking a person's behavior is usually ineffective and always disrespectful.

Think about someone you know who engages in difficult behaviors. Ask yourself, "What kind of life is this person living?" Consider how you would feel if you lived the person's life. How would you behave?

What follows are 10 things you can do to support a person whose behavior is troubling you. It is not a list of "quick fix" strategies for stopping unwanted behavior. It is a list of ideas for uncovering the real things that a person might need so that you can be more supportive.



## 1. Get to know the person.

The first step in supporting a person with difficult behaviors almost seems too

obvious to state: *get to know the person!*

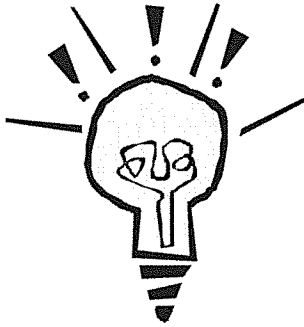
It is too often the case that people who develop interventions to eliminate unwanted behavior do not know the person in any meaningful sense. They know the person as the sum total of his or her labels, but know little about the person as a "whole" human being.

Make a point of spending time with the person in places that he or she enjoys, during times of the day that he or she chooses. It should be a comfortable place where both of you can feel safe and relaxed (e.g., a quiet room, a nice restaurant, a walking trail in a nearby park).

At a time that feels right (you will have to trust your intuition on this one), tell the person about your concerns and *ask* for permission to help (it's rude not to). If the person has no formal means of communication, *ask anyway*. Sometimes people understand what is being said, but they have a difficult time letting







It's almost too obvious  
to state: *spend time with  
the person*

others know that they understand. The important point, always, is to *ask* the person for *permission* to stick your nose into their business, even at the risk of seeming silly in front of people who think the person cannot understand up from down (they're usually wrong).

## 2. Remember that all behavior is meaningful.

Difficult behaviors are "messages" which can tell us important things about a person and the quality of her life. In the most basic terms: *difficult behaviors result from unmet needs*. The very presence of a difficult behavior can be a signal that something important that the person needs is missing. Here are some examples of the kinds of the kinds of messages a person may be conveying with his or her behavior:

### *"I'm lonely."*

Michael's older brother was invited over to a friend's house for a sleep over. Michael is never invited to the homes of children because he goes to a "special" school 35 miles from his neighborhood. Michael has no friends to play with.

### *"I'm bored."*

Roberta's sister is a doctor at the local hospital. She has her own house and is her parent's pride and joy. Roberta works all day at a sheltered workshop where she packages plastic forks and knives. She lives at home and is tired of packaging. She wants to get a real job. Roberta's case manager says she day dreams too much.

### *"I have no power."*

John likes to sit down on the sidewalk when the bus arrives to take him to school. His mother becomes very angry and tells him that there will be no dessert when he gets home. John laughs when the bus driver threatens him with time out.

### *"I don't feel safe."*

Conrad uses a wheelchair and is not able to defend himself adequately from attacks by another man. Conrad worries that he will be hurt and often cries when left alone. Staff think he has a psychiatric illness.

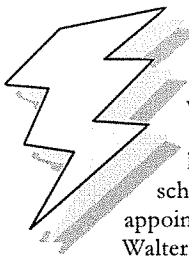
### *"You don't value me."*

Gloria has a "severe reputation." People from all over the state have heard stories about her terrible tantrums. No one knows that she is a very caring person who worries about environmental issues. The only part of Gloria people pay attention to is her problem behaviors.



**"I don't know how to tell you what I need."**

June does not know how to use words or sign to let other people know what she was thinking. She lives in an institution where she learned that the best way to get people's attention was to bite your arms. It hurts, but it is the only thing that "works."



**"My ears hurt."**

Walter hits his ears with his fists. His job coach wants to stop and wrote a behavior plan for "not hitting." Weeks later, at a scheduled doctor's appointment, it was learned that Walter had a low-grade ear infection. Anti-biotics cleared up the infection and Walter has stopped hitting his ears.

**"My body does not move like I want it to."**

Aron wanted to order a hamburger at a restaurant, but his mouth kept saying, "I want pizza." When the waiter brought him pizza, he became so upset he knocked it on the floor. Later, at home, he typed to his mom, "I wanted a hamburger but I couldn't stop saying, 'I want pizza.'" Aron experiences differences from other people in the way his body moves (see Anne Donnellan and Martha Leary's book, *Movement Differences and Diversity in Autism/Mental Retardation: Appreciating and Accommodating Persons with Communication and Behavior Challenges* for additional information (ordering information on the last page).

Obviously there are many needs that a person may be conveying with her behaviors. A single behavior can "mean" many things. The important point is that difficult behaviors do not occur without reason. All

behavior, even if it is self-destructive, is "meaning-full."

Ask the person (and/or the person's supporters) what he or she needs to be happy. Find out who he or she counts on in a pinch. How often does he or she see loved ones and friends? What are his or her favorite activities? Where does he or she like to go? Ask the person what leads to unhappiness. Who are the people who the person does not like? How often does he or she see them? What are the person's least favorite activities? Since many people are experiencing physical and/or psychiatric distress, it's also important to know something about the person's physical and emotional health. Does the person have a way to let others know what he or she needs and feels? Is the person experiencing physiological or psychological distress? What kinds of medications is he or she taking? Do they help?

Finally, if you're stumped, ask, "Are there times when the person exhibits this behavior frequently?" and "Are there times when person exhibits this behavior infrequently or not at all?" Answering these two questions can tell you a great deal about the meaning of the person's behavior. With time, you should be able to see a discernable pattern.

For example, you might find that the person engages in the difficult behavior in the morning hours, but rarely in the afternoon. Ask, "What happens in the morning that might cause the person to behave this way?" or, conversely, "What is happening in the afternoon that causes the person *not* to behave this way?" (Hint: it often has

something to do with the things a person is being asked to do, and/or *who* is asking the person to do it).

### 3. Help the person to develop a support plan.

People who exhibit difficult behaviors are usually subjected to a behavior plan at some point in their lives. It is rare that they are asked if they want a plan, let alone invited to the meetings where one is developed. Instead, a plan is developed by strangers (e.g., the agency behaviorist who has spent less than two hours "observing" the person).

Think about how difficult it would be to stop a behavior that a stranger thinks you should stop. It can be difficult enough to stop behaviors we choose to stop (e.g., smoking, excessive eating)!

Instead of a behavior plan to "fix" the person, help the person and the person's supporters to develop a support plan that reflects a real and authentic life. John and Connie Lyle O'Brien suggest the following questions for building a support plan. Note how different these questions are from those we typically ask, such as "How can we reduce this person's problem behaviors?" or "How can we manage this behavior?"

1. *How can we help the person to achieve health and wellbeing?*
2. *How can we help the person to maintain his or her relationships and make new ones?*
3. *How can we help the person to increase his or her presence and participation in everyday community life?*
4. *How can we help the person to have more choices in life?*



5. *How can we help the person to learn skills that enhance his or her participation in community life?*  
 6. *How can we help the person to make a contribution to others?*

The team can ask, "Is our vision for the person similar to the vision we hold for ourselves and each other? When we think about what the person needs, do we focus on "fixing" deficits or do we think about supporting the person in achieving a *real* life?"

#### 4. Develop a support plan for the person's supporters

Just as it is simplistic to treat a person's behavior without understanding something about the life the person lives, it is simplistic to develop a support plan without considering the needs of the person's supporters.

Many of our school and human service delivery systems are based on the idea that a few people with greater knowledge and power should bestow care and skills to a larger number of people with lesser knowledge and power. "Success" is based on compliance or obedience. A person who engages in difficult behaviors presents a real threat to a care-giver or teacher whose competence is being judged by this "compliance/ obedience" yardstick. The caregiver often expends great energy trying to suppress the person's behavior in order to maintain "competence" (in many of our workplaces it is acceptable to share knowledge but not to share power).

Punishment or the fear of punishment (coercion) may be the primary means of

"motivating" staff. Many approach each day with a mixture of fear and dread. If they make a mistake, they could be "written up," demoted or fired. If they try something new, it may violate a policy or procedure. The unspoken message is "do as you are told" or suffer the consequences. Many of our human services environments are "toxic" with fear.

It is in this context that human services workers are "told" to be supportive. Workers are trained in positive approaches when the underlying organizational message is "maintain obedience." Under the deadening weight of these systems, even the kindest and most respectful of caregivers may begin to exhibit their own difficult behaviors. They become excessively controlling and resistant to change. They begin to believe that individuals are worthy of their labels and "beyond hope." They may even resort to forms of punishment procedures that the average citizen would find repulsive and unacceptable.

Take time with your colleagues to develop support plans for each other. For example, what can you do to increase each other's level of safety and comfort when someone is behaving dangerously? What can you do to have more fun at work? How can you have more control over your schedule and input into decisions? How can managers better support you?

A fundamental question is, "If *you* stopped responding to the person's difficult behavior the way you do now, who would *you* be?"

#### 5. Don't assume anything.

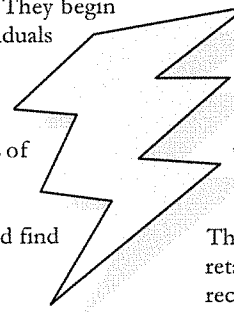
It is easy to make the mistake of underestimating a person's potential because of her labels or because she has failed to acquire certain skills. This is a tragic mistake.

I have worked in the field for 15 years and am less confident in my ability to predict how much a person understands with every passing day. Recent developments make clear the folly of making predictions about a person's potential on the basis of diagnostic labels or past performance. Hundreds of thousands of people deemed "unfit" for society have left our institutions and now live in community. One hundred and

twenty thousand people who were assessed "unemployable" because of the severity of their disability now work and pay taxes thanks to supported employment services.

The very definition of mental retardation itself has changed in recent years. The American Association for Mental Retardation (AAMR) has recently overhauled the definition. Gone are pessimistic predictions that saw little hope for the "severely retarded" and "profoundly retarded." The new definition eliminates such terms altogether and emphasizes the importance of our supports. In short, an individual's potential depends largely upon the adequacy of his/ her supports rather than some inherent flaw or "defect."

Always remember that people are people first. Labels tell us nothing (in any real sense) about how we can be supportive. We





need not forget the person's problem behaviors, but we must understand that people have gifts and capacities that eclipse our labels (or, as Herb Lovett has said, our "clinical accusations.") Always remember to speak directly to the person and explain things as clearly as you can, even if the person's labels suggest that he cannot understand (at the very least the person will understand the tone of your voice). Never speak about the person as if he were not in the room.

## 6. Relationships make all the difference.

Loneliness is the most significant disability of our time.

Many people with disabilities, young and old, live lives of extraordinary isolation. Some depend entirely upon their families for support. A brother or sister or mom or dad are the only source of company. Friends are often absent altogether.

All too often, the only relationships people have are with paid staff. Although staff can offer a great deal, they change jobs frequently or take on new responsibilities. The resulting instability can be devastating to someone who is fundamentally alone.

Remember that there are many people in the community who will benefit from knowing the person. Chances are the person has already made someone's life fuller. Be confident that she or he will make someone's life richer again and again.

Learn more about personal futures planning and other person-centered approaches to

planning.

## 7. Help the person to develop a positive identity.

John Bradshaw writes, "Our identity is the difference about us that makes a difference."

Many people with disabilities develop identities as "problem people." They are segregated into "special" programs where they are treated as people who have little to offer. Soon their "treatment" becomes a kind of cage to protect them from themselves and others. The real danger is that if enough people begin to think of the person as a "problem," she will begin to believe it too.

We all need to be needed.

Help the person to find a way to make a contribution. Start when the person is young if you can. Giving is a lifelong endeavor. Things as simple as helping with household chores or helping out at church can teach the person that she *can* make a contribution.

Pour over the newspaper and find the "Volunteers Needed" section. Talk to the person about joining an organization with you or with a friend (e.g., Habitat for Humanity, a local food shelter, an environmental group).

Help the person to learn how to support friends (e.g., an invitation to a sleep over, birthday cards, learning to ask "How are you doing?" or "What's new?").

Remember that it is important to overcome the belief that the person has nothing to share. It takes time and determination to help the person and others to see strength and the capacity to give

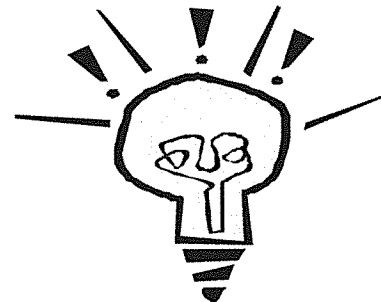
when deficits were all that anyone ever saw before.

## 8. Instead of ultimatums, give choices.

Choice is a powerful alternative to punishment. If the person's behavior challenges you, help him to find more desirable ways to express the needs underlying the behaviors. Instead of ultimatums, give choices (e.g., "Bill, I know you're upset. What would help? Would you like to go for a walk? or take a ride? You need a chance to calm down.")

Allow the person to make decisions throughout the day. If he has trouble making choices, find a way to help. Make sure there are at least three desirable outcomes to choose from. As Norman Kunc has said 1 option = tyranny; 2 options = a dilemma; 3 or more options = a real choice.

Don't assume that helping the person to have more choices means letting him do whatever he



wishes. Limit-setting is an important and fair part of any relationship. The real question is who is setting the limits and why. If limits are imposed upon the person without their input, and if the limits are part and parcel of a life in which the person is powerless, even your best advice may even be interpreted as one





more statement of "do it my way or else." You can expect a general disregard for your advice if the person on the receiving end of the advice is "out of power."

Make a sustained commitment to the person and to "fairness" in the relationship. If the person has been on the outside of power for too long, you may need to bend more often than not for awhile. The goal is to teach the person that giving is a two-way street.

## 9. Help the person to have more fun.

Fun is a powerful antidote to problem behaviors.

People with significant disabilities often live in ghettos of reward. Indeed, it is often this poverty of reward, not a lack of skills, that keeps people separate from other community members. Many must endure reward schedules for good behavior. The very few things that they enjoy are used contingently to reinforce compliance (talk about spoiling a good thing!).

Count the number of things the person enjoys, the number of places she likes to go. Compare this to the number of things other people enjoy, the number of places other people go. Ask yourself, "Is the person having fun? Is she experiencing enough joy? Is this an interesting life with things to look forward to?"

Help the person to add to her list of interesting (and really fun) things to do. Spend time in regular community places where people hang out. If you feel compelled to take data on something, take data on the

amount of fun you find. Make fun a goal.

## 10. Establish a good working relationship with the person's primary health care physician.

Mark Durand has said, "People tend to get immature when they don't feel well." How often have you experienced a general decline in your mood or your ability to empathize with the needs of others when you don't feel well? When we are sick, we are not ourselves.

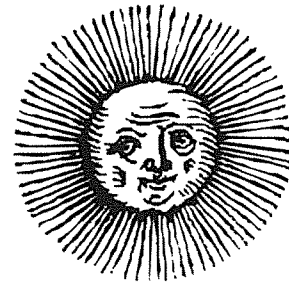
Many people who exhibit difficult behaviors do so because they don't feel well. The sudden appearance of behavior problems may be a signal that the person does not feel well. Illnesses as common as a cold or ear ache can result in behaviors as inconsequential as grumpiness or as serious as head banging.

It is important to establish a working relationship with a good primary health care physician. Although this is easier said than done, the person will, especially if he has difficulty communicating, need a doctor who can help him to stay healthy and well.

Remember that physicians, like many other people who grew up in our "separate" society do not always understand (and may even fear) a person with substantial disabilities.

Don't be afraid of telling the person's doctor that you don't understand a recommendation or finding. It is important to get a

clear and straightforward answer to *all* of your questions.



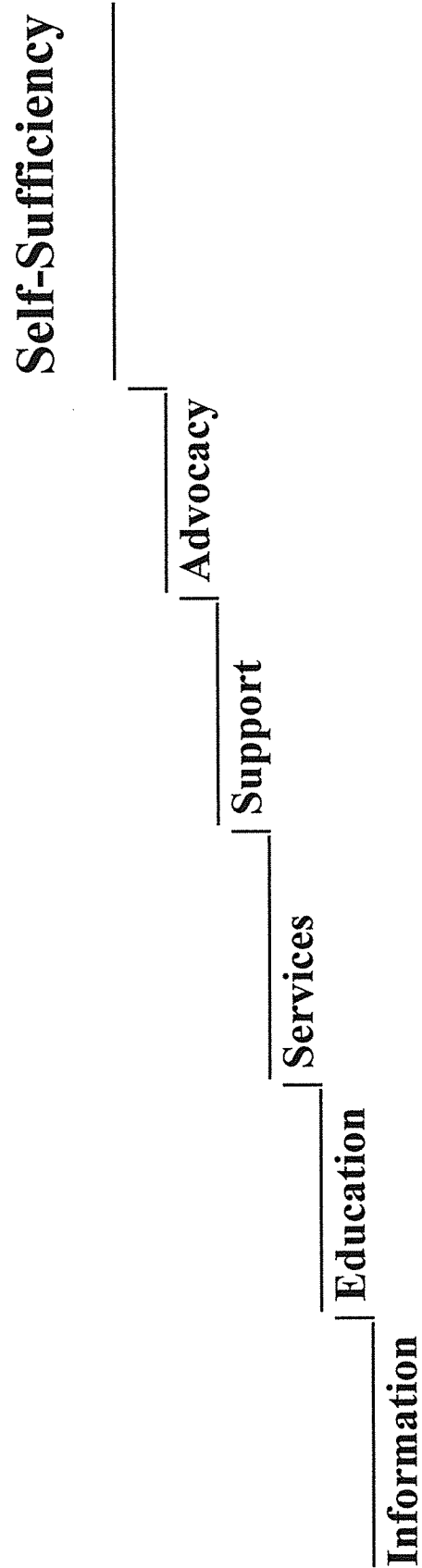
Remember too that it is important to go beyond a concept of health as the absence of a disease or illness. "Feeling well" and "being healthy" involves everything from a balanced diet to a good night's sleep. Help the person to achieve a state of "wellness."

**Ordering Anne Donnellan and Martha Leary's book about movement differences.** Anne and Martha's book *Movement Differences and Diversity in Autism/Mental Retardation: Appreciating and Accommodating Persons with Communication and Behavior Differences* can be ordered through the Autism National Committee Bookstore (AUTCOM). Telephone orders: 1-800-378-0386. Online: [www.autcom.org](http://www.autcom.org)

**I can be reached at Imagine,** 3694 Mt. Tabor Road, Blacksburg, VA. 24060 (w: 540-552-5629) or [Dimagine@aol.com](mailto:Dimagine@aol.com). You can also visit my web site: [www.dimagine.com](http://www.dimagine.com)



# Helping Others to Help Themselves





## Change Plan Worksheet Example

**The changes I want to make are:**

1. Stop smoking crack
2. Reduce my drinking
3. Take better care of my kids

**The most important reasons why I want to make these changes are:**

1. Get out of trouble with probation—avoid dirty urines
2. Take better care of my health
3. Give my kids a better chance.

**The steps I plan to take in changing are:**

1. Keep coming to group and treatment here.
2. Give urines to my P.O. every week.
3. Spend time each day focusing on my children
4. Go to my kids' schools to meet their teachers.
5. Stop using crack, one day at a time.
6. Get a sponsor at NA.
7. Avoid hanging out with people who use.
8. Go back to church.

**The ways other people can help me are:**

1. My P.O. can encourage me when I give a clean urine.
2. My counselor can help me deal with my depression.
3. My group can help me talk about my difficulties in quitting.
4. My mom can care for my kids when I'm working or at treatment.
5. My sponsor can help me when I have a craving.

**I will know that my plan is working if:**

1. I am not using crack.
2. I am giving clean urines.
3. I am coming to group 8 out of 10 times.
4. I am spending time each day focusing on my children and their needs.
5. I am going to NA 3 times a week.

**Some things that could interfere with my plan are:**

1. If I get sent back to jail for a dirty urine.
2. If I don't plan ahead for cravings and urges
3. If I don't stop hanging with using friends.
4. If I quit treatment.

**What I will do if the plan isn't working:**

1. Be honest with my counselor and my group and ask for help.
2. Make another plan that takes care of cravings/urges better.
3. Tell my P.O. I need residential treatment or more treatment.
4. Refuse to let myself feel like a failure



## Change Plan Worksheet Outline

**The changes I want to make are:**

*List specific areas or ways in which you want to change  
Include positive goals (beginning, increasing, improving behavior)*

**The most important reasons why I want to make these changes are:**

*What are some likely consequences of action and inaction?  
Which motivations for change seem most important to you?*

**The steps I plan to take in changing are:**

*How do you plan to achieve the goals?  
Within the general plan, what are some specific first steps you might take?  
When, where and how will these steps be taken?*

**The ways other people can help me are:**

*List specific ways that others can help support you in your change attempt  
How will you go about eliciting others' support?*

**I will know that my plan is working if:**

*What do you hope will happen as a result of the change?  
What benefits can you expect from the change?*

**Some things that could interfere with my plan are:**

*Anticipate situations or changes that could undermine the plan.  
What could go wrong?  
How might you stick with the plan despite the changes or setbacks*





# Addressing Challenging Behaviors

1. What does “behavior” refer to?
2. What is “difficult” behavior? (Give some personal examples.)
3. List the four general areas of possible causes of “difficult” behavior and give an example:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
4. For what reason do people use “manipulative” behavior?
5. Give some examples of “acting-out” behavior:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
6. What are the two primary elements of a positive relationship when working with clients/residents?
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_



7. List some broad categories of how to address “difficult” behaviors and give an example:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

8. List possible intervention steps to help diffuse anger:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

9. What are some words to avoid when problem-solving?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

**True or False:**

- 1. \_\_\_ Slamming doors would be considered a “behavior”.
- 2. \_\_\_ If we say that a client/resident is “argumentative”, that would be considered a label.
- 3. \_\_\_ We “personalize” behavior when we believe that the client/resident did a particular act specifically to spite us, e.g. left candy wrappers laying on the sofa in the lobby.



4. \_\_\_ We “emotionalize” behavior when we “react” to another person’s behavior, e.g. if a person calls us a name, we react back and start calling him/her names.
5. \_\_\_ It is best to stand over clients/residents when you are talking with them so that they know you are in charge.
6. \_\_\_ Mutuality in a relationship means that the two parties involved strive to view each other with equal regard and allow for a free flow of information between them.
7. \_\_\_ Choosing “anger” (yelling loudly) as a behavior can help people escape from things they don’t want to do.
8. \_\_\_ During the problem-solving/decision-making process, two-way communication is an effective method of communicating with people.
9. \_\_\_ Acknowledgment means that we strive to hear what the person is saying as well as sense the emotion underlying the words the person is using and then comment on their situation.
10. \_\_\_ Fatigue may be a cause for acting-out behavior.
11. \_\_\_ The goal of “active listening” is to try to understand the other person from his/her vantage point.
12. \_\_\_ “Alcohol abuse, talking to self, and over-eating” are examples of acting-out behavior.
13. \_\_\_ Over-stimulating a person by talking a lot may escalate a volatile situation.
14. \_\_\_ To assess if someone is using manipulative behavior, we may ask, “Does the behavior continue despite requests to stop?”
15. \_\_\_ Sitting down, leaning forward, and maintaining an open stance to indicate interest, may help to diffuse anger.
16. \_\_\_ Understanding the “feelings” of another person during the problem-solving/decision-making process is not important. Focus only on the problem.
17. \_\_\_ An unstructured environment, such as a disruption in agency routine, may be a cause for acting-out behavior.
18. \_\_\_ The goal of all staff is to promote self-sufficiency in clients/residents.
19. \_\_\_ During the problem-solving/decision-making process, the listener should ask the speaker “why” as often as possible to better understand the situation.
20. \_\_\_ Before entering into an “angry” situation, we should ask ourselves, “Can I keep from trying to control the other person; can I avoid trying to coerce him/her into doing something s/he doesn’t want to do?”



21. \_\_\_ Most people want advice and we should help them with their problems.
22. \_\_\_ “Using Silence” is an example of an Interpersonal Technique that may enhance the communication process.
23. \_\_\_ When working with a person with a mental illness, we should avoid being offended by strong language.
24. \_\_\_ Talking with a person in an environment that is free of distractions may help to de-escalate a volatile situation.
25. \_\_\_ We should always try to avoid arguing with a client/resident.
26. \_\_\_ A Service Agreement may be one form of addressing “acting-out” behavior.
27. \_\_\_ Imposing our personal agendas on a client/resident would be a violation of a positive relationship.
28. \_\_\_ We should always avoid using labels when noting the behavior of clients/residents.
29. \_\_\_ A good Log Book Entry may be “Resident reported he was ill and had chest pains.”
30. \_\_\_ A good Progress Note may be “Client never cooperates and makes everyone mad.”
31. \_\_\_ Starting sentences with “No” or “I think” are usually inappropriate.
32. \_\_\_ It is the responsibility of Property Managers and Case Managers to work together to address individual client/resident behaviors.
33. \_\_\_ An example of when to refer a resident for supportive services may be when the “resident was observed to be using alcohol and drugs.”
34. \_\_\_ A cardinal rule of active listening is “Do not make assumptions!”
35. \_\_\_ Observing clothes laying on the floor of a resident’s unit would not be reason for referring for supportive services.
36. \_\_\_ When we do for others what they can do for themselves, we disempower people.
37. \_\_\_ Taking time to think about your response is an example of a “proactive” behavior.
38. \_\_\_ We should tell clients/residents about our own personal difficulties in life so that they can better relate to us.
39. \_\_\_ Making moral judgments about clients/residents and their situations is an example of imposing our personal agendas upon them.
40. \_\_\_ The Property Manager is the primary person responsible for addressing resident concerns and resolving various issues.





# Addressing Difficult Employee Behavior





## **Are you one of these persons in your workplace?**

If so, you may be inhibiting productivity and cooperation in the workplace. Avoid these kinds of behaviors and ask yourself what YOU can do to enhance cooperation and teamwork.

**Ann Antagonist** – Is rude and unpleasant to co-workers, vendors and customers.

**Blameless Bob** – Always has an excuse for everything.

**Evelyn Egocentric** – Self-centered at the cost of others; self-promotion.

**Willy Whiner** – Complains no matter what he is asked to do.

**Tony Thumb-Twiddler** – Lacks motivation and initiative; needs to be told constantly what to do.

**Insubordinate Subordinate** – Challenges others in front of co-workers and managers.

**Tom Tortoise** – Shows up late or not at all.

**Amy Attitude** – Has a negative attitude that brings everybody down.

**Harry Hand-Holder** – Needs constant supervision.

**Early Retiree** – Has been around awhile and is beginning to practice on-the-job retirement.

**Wendy Worrywart** – Has personal problems that infringe on workday activities.

**Clock-Watcher** – Refuses to work on weekends or even a minute beyond “quitting time”–even during deadline crunches.

**Gary Gossiper** – Talks about other people; spreads rumors.

**Nora Nosey** – Makes other people’s business her business; probes into other people’s lives.



## Chapter 11

### Dealing With Difficult People When They Are Not Our Clients

*(Course meets the qualifications for 2 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences)*

By: Kathryn Brohl, M.A., L.M.F.T.

#### Learning Objectives

- ▶ Describe the physiological reactions that create high arousal responses within human beings.
- ▶ Explain the principles of conflict resolution.
- ▶ Identify the "other" types of problems that arise from working with difficult people within the mental health environment.
- ▶ Define assertive behavior in relation to professional conduct.
- ▶ Describe steps toward listening and providing feedback to clients and others in dealing with difficult people.
- ▶ Facilitate understanding of what occurs physiologically when a person experiences calm to high arousal.
- ▶ Describe the basic principles behind resolving conflicts.
- ▶ Identify how to work with difficult people when it relates to working with and/or contacting and communicating with colleagues and co-workers.
- ▶ Describe assertive behavior within the mental health setting.

#### Introduction

Depending on the nature of their mental health practice mental health professionals can routinely work with "difficult" individuals, who are not their clients. As mental health practitioners life can become more stressful and confusing when co-workers, colleagues and other support professionals include them in situations they would rather avoid.

For example, mental health professionals are understandably more patient, with clients, yet run into problems dealing with difficult people outside their 'session' rooms.

People's difficult behaviors with co-workers and other colleagues may be steeped in personal histories, world-views and habitual patterns. Difficult people are often unconscious about the fact that they are being difficult. They may be triggered into self-protective defenses by reminders of past difficulties or traumas. They may not have been challenged to examine their difficult behaviors due to their social, economic or professional status. Or they may be locked into habituated patterns that indicate a strong need to control and overpower others.

Difficult people tend to contribute to a negative atmosphere. Co-workers and other difficult colleagues and support staff may have poor work habits or social skills. And they can become difficult when they complain that their business is too busy, and/or too slow. They may be petty, and gossip, start rumors, or make exaggerated comments.

All people can be difficult when they talk too much, and are loud, rude, and/or physically imposing. Co-workers can sulk, or give "the silent treatment." They may be bullies or nags. They may be manipulative, constant whiners, or pathological liars. Whether they are colleagues, co-workers or others, difficult people prompt frustration and exhaustion in those around them.

Temperaments are aroused around difficult individuals, and that can cause guilt as well as anxiety within mental health practitioners, who by their very nature are empathic. Working with difficult people is not only difficult and stressful, it negatively affects productivity. Coworkers and other colleagues who are not happy in their positions can "breed" discontent onto their clients or coworkers. Stress can build, and intuitive therapists can sense and be affected by the negative stress within their environments. Irritation and frustration can mount, until tempers explode.

#### Understanding aggressive and passive behaviors in difficult co-workers and colleagues

It's helpful to understand aggressive and passive characteristics frequently present in difficult people.

#### Aggression

Most people personally experience aggression during some point during their lives. Yet, acknowledging personal aggression patterns can be difficult for mental health professionals when they are attuned to the psychological processes of others. Consequently, it is helpful for them to examine passive and aggressive behaviors within themselves as well as within co-workers and colleagues.

Aggressive, or domineering, thinking can focus on meeting one's own needs at the expense of others'. Aggressive individuals are often completely unaware or ignore the impact of their behavior on others. Blaming, criticizing, or being loud and intimidating can be communication patterns used to dominate others.

Aggressive people frequently believe their standards and needs are more important. They may be rigid about following their personal or professional rules.

People may develop aggressive patterns in childhood when they have had backgrounds in which domineering behavior was encouraged or rewarded, or if they were poorly treated. While they may appear very confident, they often have low self-esteem, and may be unable to accept constructive criticism. Unlike passive manipulators, aggressive individuals tend to be obvious in their attempts to push people around. A "bully," for example, is one type of aggressive personality that typically uses some form of obvious mental, physical, or monetary coercion to force others to do as they wish.

Dominant or aggressive behavior in difficult people may also manifest itself in blaming and judgmental control, a "right is might" or "I know better than you" attitude that keeps others off-balance. These difficult people believe that they are morally and/or intellectually right, or have "the truth" on their side, implying that the person with which they are in conflict is not as intelligent, or as moral as they. Their underlying motivation is to be in control.

While aggression allows the difficult individual to get his/her way in one sense, aggression manipulation works against the difficult individual because other people learn to fear or resent, and distance themselves. Like passive individuals, aggressive people may have poor social skills and little trust in others. They may feel suspicious, angry, and wounded by others' reactions.

#### Passivity

Passive or nonassertive thinking in difficult co-workers or colleagues focuses on meeting others' needs, at their personal expense. It is a "You win, I lose" proposition. Passive people typically allow others to control them, but are also capable of manipulating or controlling others through their 'helplessness'.

Individuals who tend toward passive behavior in times of stress are likely to feel angry and victimized. Overtime they can grow frustrated and resentful. They may become sulky or withdrawn, thinking that no one listens to what they say. They may have little confidence in themselves, and be resistant to change.

Passive manipulators may use subtle means to get their way, including sarcasm, "playing the role of a martyr," or being silent. They may be inclined to use other passive/aggressive measures, spread rumors, make fun of others, or talk behind others' backs. They may hide their feelings, pretending that everything is fine while they are actually seething inside. Sometimes a person can transition from passive to aggressive rather quickly.

Passive manipulation is very often unconscious, and includes withdrawal, feeling depressed or "down," and a disinclination to communicate or cooperate. Passive personalities may be overly dependent on others, hypersensitive to criticism, and lacking in social skills. Passive behavior can be frustrating to more motivated, efficient workers, who may feel they're carrying "dead weight," at the place of employment.



**A checklist for personal characteristics associated with aggressive or passive/aggressive tendencies:**

- I often yell back when someone yells at me.
- When someone tries to boss me around, I frequently do the opposite of what he/she asks.
- I often take my time "just to show" someone, when he/she tries to tell me what to do.
- I often make threats that I really don't intend to carry out.
- When I'm feeling insecure and jealous, I'll often pick a fight with someone rather than tell him/her directly what's on my mind.
- Starting arguments with someone when he/she disagrees with me is something I often do.
- Slamming doors is something I often do when I become angry.
- I'll often do something on purpose to annoy someone, and then apologize when he/she accuses me of it.
- I will often break a "rule" someone has made just to let him/her know I'm in control.
- When someone asks me to perform a job function I don't want to do, I make a point of 'getting even' later.
- I will refuse to do what someone asks me to do if I don't like the way in which they asked.

**Becoming Resilient To Difficult People**

It is possible to transform difficult situations and behaviors, bring out the best in others and effectively address difficult people and situations.

With practice you can:

- examine the "challenging" behaviors you encounter with difficult people,
- understand something about why people behave as they do,
- analyze how you react to difficult people, and
- learn ways to prevent and address difficult situations.

By interrupting our own negative responses, it is possible to break a pattern of interaction with difficult people, prompting them to shift from frustration to the beginnings of resolution, and at the very least, an acknowledgment of differences.

Learning techniques to handle difficult people or address difficult behavior involves some steps. The first step is learning to identify your own physical and emotional responses in a difficult interaction. Much of how we think and act is a matter of habit, or repeated patterns of behavior, including the way we deal with difficult people or situations. If our habits are counter-productive, our results will be as well. The challenge is to transform negative emotions into more proactive and resilient strategies that work for you.

Before addressing the problem of difficult people and behaviors, it is necessary to objectively and realistically observe and identify personal physical responses, actions and thinking. Learning to deal with difficult behaviors in others requires you to manage your part of the interaction effectively. While events may occur beyond your control, your response is still within your control, and you are entirely responsible for your own reactions.

How are you impacted by a difficult person?

Checklist:

- Talking or working with this individual drains my energy.
- When I know I have to have contact with this person, my mood takes a turn for the worse.
- I tense up around this person.
- I would be very relieved if I knew I did not have to encounter this person any more.
- I plan ways to avoid this person.
- This person seems to bring out the worst in me. I do not like how I behave around him/her.

If you responded yes to these questions, you are more than likely experiencing emotional and physical reactions that cause you stress. Tension or stress may manifest itself over time, in physical symptoms like stomach aches or headaches, and stress-related behavior, including impatience, anger, sadness, and exaggerated actions. In some people, long-term reactions to stress may include depression. Stress over long periods of time can run you down and eventually take its toll on your health.

Even more controlled people are unable to behave logically under long-term stress because physical systems can be worn down by ongoing body tension and the release of neurochemicals. Under stress the body tends to escalate from a calm arousal state to a high arousal state causing increased perspiration and rapid heart beat. This reaction is an evolutionary reaction to real or perceived threatening situations. When we escalate from normal stress to feeling endangered or threatened we can experience a survival response in four ways; freezing, submitting to the threat, fighting or becoming more aggressive, and fleeing or withdrawing.

During the high arousal state the sympathetic nervous system triggers the release of epinephrine and norepinephrine from the medulla and adrenal glands. They speed up the heart rate and breathing and constrict blood vessels in certain parts of the body, while opening blood vessels in the muscles, which tighten, or tense the muscles, as the brain, lungs and heart work harder, preparing the individual to assume a self protective posture. Noradrenaline surges, causing alertness and greater awareness continue throughout the survival response.

Automatic responses can be controlled by developing your awareness, identifying your physical reactions to stress, and identifying your emotional connections. These insights allow you to begin controlling your responses in a difficult interaction, rather than having your responses control you. Pausing before reacting will help you begin to gain control over your emotions, and choose how you react.

For example, think about how you react when you try to make contact with a colleague regarding a mutual client and your colleague does not return your calls? Or, when a physician shares a different diagnosis with your client without first enlightening you? What happens in an office setting when co-workers share your work space and leave things in disorder, or when an assistant cannot find a client file? And how do you respond when you've heard that a colleague has persuaded a client to end therapy with you? Are you irritated for a while, or, do these moments pass easily, with you recognizing your physical responses and becoming involved in resolving your feelings?

If you choose to remain upset long after an encounter with a difficult colleague or co-worker you can't blame the other person. Realize that how you respond to difficult people or situations is entirely your own decision. If you choose to replay the incident in your mind and "refuel" your anger, you are wasting a great deal of energy on events in the past that cannot be changed.

Difficult people may feed into or encourage our own difficult natures. Instead of reacting to their behavior by contributing to or escalating the conflict, learn to switch off your defense mechanism when confronted with negative actions or words. Practice the following:

1. recognize your automatic physical reaction
2. recognize your corresponding emotion(s)
3. recognize your corresponding thinking
4. take deep measured breaths and focus on your breathing until you feel the physiological response dissipating
5. under stress drink **cold** water (yes, it can be calming)

It also helps to refrain from pointless arguments or accusations that exacerbate a difficult situation. And choose when you wish to engage in a discussion at all. This gives you an opportunity to respond in a way that is productive and brings about a good or better outcome.





## Principles of conflict resolution

Working in harmony with other individuals can be a matter of establishing and implementing principles to help you control your own words and actions and create the foundation for a peaceful, or at least, less stressful, work environment. While there are many different philosophies of conflict resolution, many stress the same guiding principles. The following suggestions, drawn from Buddhist philosophy includes many of these common principles. Notice how many are directed at changes in one's own thinking and behavior:

In continual practice of learning to deal with difficult people try to incorporate the following into your daily life.

- Take responsibility for personal vulnerabilities and emotional triggers in relationships with others.
- Investigate personal responsibility with regard to conflicts before speaking with a difficult person.
- Practice non-stubbornness by holding an open heart, a willingness to understand, and a desire to reconcile differences.
- Incorporate face-to-face resolution of the conflict with the other person or people involved in a conflict situation.
- Identify, observe and utilize personal anger in a constructive and respectful way, allowing your anger to teach and transform you.
- Understand that behavior is different from a person's core or center.
- Use difficult people to provide you with opportunities for personal learning.

In your mental health professional role, work toward establishing respectful relationships, and try to resolve issues without emotion. By shifting the focus to yourself and your own behavior, you have the means by which to change the nature of the interaction from negative to positive.

**Principle 1: Do not confuse colleagues and co-workers with clients.** It is not your job to help difficult co-workers and colleagues change. Instead of trying to change the difficult co-worker or colleague, view them as less difficult, and accept their faults. Simply by choosing to accept people as they are, we create a less stressful environment. Telling others how they should change leads to heightened conflict. It is possible to accept that you no longer have to try to control or influence other people's thoughts and behavior and realize that it is not your mission to convince everyone that you are right. Leave that burden behind, and accept that you have no responsibility for changing minds.

### Principle 2: No blame-game

Even in the mental health profession people can grow accustomed to blaming others or themselves when things go wrong, rather than looking for ways to fix the problem without focusing on blame. Learning to address negative energy or attitudes around you without blame is an integral part of dealing with difficult people. This means relaxing your judgment of people and assuming the best of those around you, giving them the benefit of the doubt without giving them a diagnosis.

### Principle 3: It's not about you

Many times it can be easier to depersonalize communication and behavior with clients than with co-workers and colleagues. In most cases, the difficulties you encounter are not at all about you. When a person ignores you, or speaks unfairly to you, how do you handle it? Do you feel angry with the person and assume their words to you were malicious and intentional? As you go through the day, do negative feelings about the person persist? Do you have an aversion to others because you think they have an aversion to you? This kind of thinking gets you no closer to a solution.

Negative behaviors or responses often come from our own feelings of insecurity and loneliness. Learn to listen to others without forming early assumptions and stop trying to diagnose a colleague when you encounter conflict. If you have had earlier negative impressions realize, when you

are talking to a difficult person, that you may already have a bias against them and you may be predisposed to interpreting his/her comments negatively or in a judgmental way. Let the pre-assumptions go by using breathing and being open to a new encounter or experience.

### Principle 4: Treat people well

Practice treating difficult people with as much kindness and patience as you can. If you are respectful toward them, you may find their behavior loosens up, or bothers you less. Remember that anyone can be someone's difficult person at some point, even you, given the right (or wrong) circumstances.

### Principle 5: Don't waste your time and energy on things you cannot change (like the past).

Many people are unable to let go of the anger or frustration associated with a source of negative stress. Through guided imagery practice "throwing the problem away or handing it to someone else". Do not occupy your time repeating a story, or complaining to other people. Use this energy for more productive pursuits.

Choose to focus your energy on the **present** and future, rather than waste it on past events that cannot be changed. Many people find the "Serenity Prayer," by Reinhold Niebuhr, a good reminder about wasted emotional energy:

God grant me the serenity,  
To accept the things I cannot change,  
The courage to change the things I can,  
And the wisdom to know the difference.

## Assertiveness

Much of a person's ability to deal usefully with emotions like anger and frustration when coming in contact with difficult people is associated with her/his style of behavior or degree of assertiveness. Assertiveness refers to the spectrum or range of behavior between passivity, at one end, and aggression, at the other. It may be one of the first things you notice about another person's behavior.

Assertive people differ from passive or aggressive people in their ability to acknowledge and state their own needs, and respect the needs of others. Passive or aggressive individuals are typically limited in this ability.

Assertive thinking and behavior balances an active concern for one's own welfare and goals with those of others. It comes from a genuine wish and attempt to find "win-win," long-term solutions to recurring problems, as opposed to superficial or temporary, stopgap measures that ignore the underlying cause of the problem. Assertive communicators face difficult situations squarely, while nonassertive people tend to avoid directly addressing the root of the problem.

The assertive approach utilizes the individual's respect for him/herself, treating the other person in an understanding and kind way, yet focused and firm enough to accomplish the win-win solution. While the ultimate objective of the assertive approach is finding immediate and lasting solutions to problems, assertive communicators endeavor to de-escalate conflict and improve communication, bringing people closer together. Assertiveness tends to be the most effective response to nonassertive, aggressive, or manipulative behavior, but learning to act assertively typically requires some degree of training and skill, whereas nonassertive and aggressive responses, by contrast, are emotional and automatic.

Assertive communicators tend to be more emotionally open and honest about their feelings and thoughts. They tend to act kindly and diplomatically throughout the difficult situation, and speak and act in respectful ways. Assertive communicators are more likely to express care or concern for another person, to compliment or commend him or her, even in the midst of a difficult situation.

### Honest, but kind

Assertive communicators use words with great care because they know words can hurt people deeply, causing great pain. Choosing to speak kindly and carefully does not mean that you cannot voice your opinions



or disagree with the difficult person. Always bring attention to a sensitive issue in private, to avoid an audience, and try to discuss problem behavior without indicting the person.

Assertive communicators are honest, diplomatic, and diligent about keeping their word. They back up their words with action.

Assertive communicators are compassionate and nonjudgmental. They realize they cannot know all the experiences that made the difficult person what he or she is today. Instead of judging or blaming the difficult person, the assertive communicator is sensitive to the needs of the difficult individual, and treats him or her compassionately.

### **Holding Good Intention**

Difficult situations can be emotional and confusing. Unless you specifically state your good intent, there is a possibility that your words and behavior will be misunderstood or misinterpreted. Stating positive intentions can be as simple as learning to say, "I'm sorry that you're having a problem. How can I help?" Expressing concern immediately reduces anxiety and conflict and increases goodwill. The difficult person feels you are not against him or her. Holding these thoughts about the difficult person will influence the way you speak and act to the person, avoiding an accusatory language or tone. In stating or confirming that you understand the difficult person has good intentions, you develop a bond of goodwill.

Giving someone the benefit of the doubt is one of the most powerful tools for bringing out the best in people at their worst. People can both rise and fall to the level of others' expectations. Have you noticed, once someone has a negative opinion of you, you may feel that it is impossible to redeem yourself in their eyes? When a difficult person behaves in a difficult way, you may be tempted to think, "That's why everyone has a problem with you." It is easy to let your preconceived notions about the difficult person allow you to make the assumption that a behavior is rooted in negative intention. But even behavior that appears negative comes from good intent.

We tend to associate difficult people with negative feelings and reactions. We can reinforce those notions about them, or we can assume the best, even if it is wrong. Assuming the best has a positive effect on difficult people.

### **Difficult people want to be heard and understood**

Most people want two things from a verbal interaction. They want to know that they have been heard, and they want to know that what has been heard has been understood. For effective communication to result, one person must be the listener, open to hearing and understanding what is said.

Feelings of anger associated with the difficult situation are commonly the combination of two things: the original reason for unhappiness or distress, and the associated frustration and feelings of helplessness because no one is listening to, understanding, or helping you solve the problem. Listening to what the person has to say has an immediate diffusing effect on hostility by addressing one of the sources of anger. In fact, a kind, understanding word is sometimes all that is needed to cool emotional overreactions and promote good will.

Difficult people often feel their good intentions are being misunderstood, that they are not being heard and understood. Learning good listening skills and behavior, asking important questions, and providing appropriate feedback ensures that the difficult person feels heard and understood. In fact, by listening attentively, you can even prevent difficult people from becoming difficult, as taking the time to listen increases feelings of cooperation and understanding.

Understanding is both an emotional and intellectual process. In a difficult situation, you must convince the difficult individual that you understand on both levels. We do this by our appearance and behavior, the questions we ask, and feedback we give. Most people focus on the way you

say things as much or more than what you say. Your intentions are not nearly as relevant as your behavior. Both should have the same message

When someone is venting their frustrations or complaining, demonstrate that you are paying attention to their emotions and words. Pay attention to nonverbal signs of communication and seek clarification if you suspect that you and the other person aren't "on the same page." Fatigue, disability, language difficulties, and cultural issues are some of the many factors that complicate communication between two people. Some people have an initial period of difficulty speaking their mind; they may feel rude, awkward, or not want to express disagreement with you. As you grow more familiar with one another, your interactions will likely become more natural and comfortable.

### **Listening skills**

Assertive communication requires good listening skills. Assertive communicators listen carefully, responding with sympathy and targeted questions that get at the heart of the issue. They pay close attention to what the individual is saying instead of wandering off on their own thoughts, or thinking ahead to how they will respond. Active listeners have an open mind and are able to consider other people's points of view.

Being a good listener means that you:

- Pay attention
- Don't interrupt
- Are open-minded - don't already have your mind made up
- Maintain good listening behavior (like eye contact - don't look down or around room)
- Repeat or echo back what you've heard
- Ask questions to clarify and provide feedback

In some cases, listening may not be a good use of your time. Difficult people who complain constantly sometimes try to draw others into their drama. In this case, keep the interaction as short as possible. For difficult people who talk a great deal and listen too little, you may have to interrupt to be heard at all.

If someone raises their voice to you, will not let others speak, or complains without end, it may be necessary to kindly but firmly interrupt the individual and redirect the conversation. The interruption must be unemotional, without anger or blame. Speak respectfully to the individual, using his or her name to get their attention, for example, "Excuse me, John." Aggressive people are likely to raise their voices, in an effort to speak over you; escalating the conflict. Continue to politely repeat this until the difficult person finally stops speaking and turns his/her attention to you.

#### **Do you listen with an open mind?**

Some people are not willing to entertain the prospect of changing their opinion, no matter what they hear. Do you consider what the difficult person is saying without predisposition or bias?

Finding a solution to a problem often requires learning more information or different information than the difficult person is giving you. Clear up confusion with specific questions that will help you understand the difficulty. Asking questions also communicates to the difficult person that you are interested in finding a solution for the problem. Clarification (questions) should be phrased in an even-handed unemotional tone. Avoid sounding accusatory or phrasing questions in a blaming way.

Difficult people may speak in vague generalities, or provide little of substance in what they say. Ask brief questions that clarify the factual details until you and others begin to have an understanding of the difficult situation, and why the difficult person feels about the subject the way they do. There are usually rationale reasons at the root of every action or behavior. Ask questions until you understand the motivation behind the difficult behavior.

Most clarification questions begin with "who," "what," "where," "when," and "how." Use them to fill in any information gaps left by the speaker.



Asking questions that fill in the blanks helps the difficult person pull himself out of the difficult situation and also makes him feel his difficult situation is being addressed seriously and respectfully.

Your focus in asking questions should be:

- to clarify the meaning of the situation for the difficult person
- to clarify their intention in regard to the interaction
- to clarify the criteria for a solution or way to ease their distress.

Asking the difficult person to explain his or her reasoning can be very useful. Ask the difficult person what rationale or criteria are leading him/her to the problematic conclusion or decision. After learning these criteria, summarize them to the person and confirm that these are the reasons or rationale behind their position. If you sense defensiveness, acknowledge good intent and confirm that you understand what they are trying to accomplish.

After clarifying any questions you have about the difficult situation, summarize what you've heard, answering these questions:

- What is the problem?
- Who is involved?
- When it happened?
- Where it happened?
- How it happened?

By doing this, you demonstrate to the listener that you are working to understand his point, and you provide the individual with the opportunity to fill in any gaps, if either you or the other person missed an important detail. When you are finished summarizing, ask the individual if you understand him correctly. And confirm that you understand.

All of these guidelines and suggestions can be useful when you assert yourself with difficult colleagues or co-workers.

### Conclusion

Mental health practitioners often demonstrate more patience and utilize their clinical skills most effectively with clients, yet run into problems when they work with difficult co-workers and colleagues. Understanding one's personal responses to stress and habitual coping defenses is important in working and dealing with difficult people. In addition, understanding principles of conflict resolution, passive, aggressive and assertive behaviors, as well as resilient strategies are important in understanding and overcoming difficult people in the mental health setting.

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### Dealing With Difficult People When They Are Not Our Clients

*(Course meets the qualifications for 2 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences)*

*Choose True or False for questions 1 thru 10 and then proceed to WWW.ELITECME.COM to complete your final exam.*

- |     |  |      |       |
|-----|--|------|-------|
| 1.  | Difficult behavior is generally habituated behavior.   | True | False |
| 2.  | Individuals who tend toward passive behavior in times of stress are likely to feel angry and victimized.               | True | False |
| 3.  | Tension or stress may manifest itself, over time, and effect your health.  | True | False |
| 4.  | A high arousal state is an evolutionary reaction to threatening situations.  | True | False |
| 5.  | During the high arousal state estrogen is released in the body.  | True | False |
| 6.  | Drinking cold water can help calm people   | True | False |
| 7.  | Assertiveness refers to the spectrum or range of behavior between passivity, at one end, and aggression, at the other. | True | False |
| 8.  | Mental health professionals should work to change difficult co-workers or colleagues.                                  | True | False |
| 9.  | Avoidance is the best way to resolve a difficult situation.  | True | False |
| 10. | Assertive communication requires good listening skills..   | True | False |



## **COURSE EVALUATION**

### **Dealing With Difficult People When They Are Not Our Clients**

*(Course meets the qualifications for 2 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences)*

#### **COURSE OBJECTIVES:**

- ▶ Describe the physiological reactions that create high arousal responses within human beings.
- ▶ Explain the principles of conflict resolution.
- ▶ Identify the "other" types of problems that arise from working with difficult people within the mental health environment.
- ▶ Define assertive behavior in relation to professional conduct.
- ▶ Describe steps toward listening and providing feedback to clients and others in dealing with difficult people.
- ▶ Facilitate understanding of what occurs physiologically when a person experiences calm to high arousal.
- ▶ Describe the basic principles behind resolving conflicts.
- ▶ Identify how to work with difficult people when it relates to working with and/or contacting and communicating with colleagues and co-workers.
- ▶ Describe assertive behavior within the mental health setting.

This is the attendee's evaluation of the continuing education course  
(circle one - 1 being the Worst    10 being the Best)

I would rate this course.....1   2   3   4   5   6   7   8   9   10

The content of this course met my expectations.....1   2   3   4   5   6   7   8   9   10

The course material was presented in a clear or orderly  
fashion, with the content geared toward a level  
appropriate to my profession.....1   2   3   4   5   6   7   8   9   10

The author's level of knowledge and expertise.....1   2   3   4   5   6   7   8   9   10

The usefulness of the content for meeting each of the  
programs stated objectives.....1   2   3   4   5   6   7   8   9   10

**If you would like to provide us with an evaluation of our course,  
please fax this page to 1(386)615-1812  
All evaluations are kept anonymous.**

*Elite CME, Inc.*

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